Tufts Health Together
Programa de farmacia y lista de medicamentos preferidos

Introducción

Programa de farmacia

Buscamos brindar opciones de alta calidad y económicas para terapias con medicamentos. Trabajamos con sus proveedores de cuidado de la salud y farmacéuticos para asegurarnos de que cubrimos los medicamentos más importantes y útiles para una variedad de afecciones y enfermedades. Cubrimos las primeras recetas y los resurtidos. También cubrimos algunos medicamentos sin receta (OTC) si su proveedor le escribe una receta y esta se surte en una farmacia.

Nuestro programa de farmacias no cubre todos los medicamentos y recetas. Algunos medicamentos deben cumplir con determinadas pautas clínicas antes de que podamos cubrirlos. Su proveedor debe solicitarnos la autorización previa antes de que podamos cubrir estos medicamentos.

Lista de medicamentos preferidos (PDL)

Tenemos una lista de todos los medicamentos clasificados por categoría terapéutica y clase de medicamento, con el nombre del medicamento genérico o de marca. Consulte el índice para encontrar un medicamento por su nombre genérico o de marca. Cubrimos medicamentos de marca solo cuando no se dispone de uno genérico o si otorgamos la autorización previa para el medicamento de marca. En algunos casos, preferimos un medicamento de marca por sobre uno genérico para cumplir con los requisitos de cobertura de MassHealth.

Con la receta de un médico, los medicamentos cubiertos están disponibles SIN CARGO para los miembros menores de 21 años y con un pequeño copago para los miembros de 21 años o más. En el caso de algunos miembros de 21 años o más, no es necesario pagar el copago. Para averiguar si usted debe pagar un copago, consulte su *Manual del Miembro*.

Niveles y copagos:

La mayoría de los miembros de 21 años o más debe pagar los siguientes copagos de la farmacia:

Nivel	Copago	Descripción
Nivel 1	$1	Determinados medicamentos genéricos cubiertos utilizados principalmente para la diabetes, la hipertensión arterial y el colesterol alto. Estos medicamentos se denominan antihiperglucemiantes (como la metformina), antihipertensivos (como el lisinopril) y antihiperlipidémicos (como la colestiramina).

Nivel 2	$3.65	• Determinados medicamentos de venta libre (OTC) para los que tiene una receta del médico. • Primeras recetas y resurtidos para determinados medicamentos de venta libre y genéricos cubiertos. • Primeras recetas y resurtidos para determinados medicamentos de marca cubiertos.
Nivel 3	Beneficio médico	• El medicamento no está cubierto en una farmacia. Su proveedor necesitará facturar este medicamento a través de su beneficio médico.
Nivel 4	$0	• Determinados medicamentos que se utilizan para prevención (por ejemplo, anticonceptivos, para dejar de fumar, para el colesterol alto).
Nivel 5	MB/RX ($0)	• El medicamento está disponible a través de la farmacia y de los beneficios médicos.

La *PDL* se aplica solo a los medicamentos que se consiguen en las farmacias minoristas y de especialidad. La *PDL* no se aplica a los medicamentos que obtiene mientras se encuentra en el hospital. Los medicamentos que recibe mientras está en el hospital están cubiertos como parte de su estancia.

Para obtener la información más actualizada sobre la cobertura de la *PDL* , visite tuftshealthplan.com o llámenos al **888.257.1985** (TTY: 888.391.5535).

Autorización previa (PA)

Algunos medicamentos siempre requieren la autorización previa, lo que significa que su proveedor debe solicitar nuestra aprobación antes de que podamos cubrir el medicamento. Uno de nuestros médicos revisará esta solicitud. Cubriremos el medicamento de acuerdo con nuestras pautas clínicas en los siguientes casos:

- Existe una razón médica por la que necesita el medicamento en particular.
- Según el medicamento, otros medicamentos de la *PDL* no han funcionado.

Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica uno, pueden apelar la decisión. Consulte el *Manual del Miembro* para obtener información sobre las quejas y apelaciones de los miembros.

Programa de terapia escalonada (STPA)

Cubrimos algunos tipos de medicamentos solamente a través de nuestro programa de terapia escalonada. Nuestro programa de terapia escalonada exige que pruebe medicamentos de primer nivel antes de que cubramos otro medicamento de ese tipo. Si usted y su proveedor consideran que un determinado medicamento no es adecuado para tratar su afección médica, su proveedor puede solicitarnos la autorización previa para el otro medicamento. Uno de nuestros médicos revisará la solicitud. Cubriremos el medicamento de acuerdo con nuestras pautas clínicas. Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica uno, pueden apelar la decisión. Consulte el *Manual del Miembro* para obtener información sobre las quejas y apelaciones.

Cantidad límite (QL)

Para asegurarnos de que los medicamentos que usted toma son seguros y de que está recibiendo la cantidad correcta, podemos limitar la cantidad que puede recibir de una sola vez. Su proveedor puede solicitarnos una autorización previa si necesita más de lo que cubrimos. Uno de nuestros médicos revisará la solicitud. Cubriremos el medicamento de acuerdo con nuestras pautas clínicas si hay una razón médica por la que necesita esta cantidad en particular. Si no aprobamos la solicitud de autorización previa, usted o su

representante autorizado, si identifica uno, pueden apelar la decisión. Consulte el *Manual del Miembro* para obtener información sobre las quejas y apelaciones.

Medicamentos genéricos

Los medicamentos genéricos tienen los mismos ingredientes activos y actúan igual que los medicamentos de marca. Cuando estén disponibles los medicamentos genéricos, no cubriremos el medicamento de marca sin otorgar autorización previa, a menos que MassHealth nos exija que prioricemos la marca. Si usted y su proveedor consideran que un medicamento genérico no es adecuado para tratar su afección médica y que el medicamento de marca es médicamente necesario, su proveedor puede solicitar la autorización previa. Uno de nuestros médicos revisará la solicitud. Si no aprobamos la solicitud de autorización previa, usted o su representante autorizado, si identifica uno, pueden apelar la decisión. Consulte el *Manual del Miembro* para obtener información sobre las quejas y apelaciones.

Medicamentos nuevos en el mercado (NTM)

Revisamos la seguridad y eficacia de los medicamentos nuevos antes de agregarlos a nuestra *PDL*. Un proveedor que considere que un medicamento nuevo en el mercado es médicamente necesario para usted antes de que lo hayamos analizado puede presentar una solicitud de autorización previa. Uno de nuestros médicos revisará esta solicitud. Si aprobamos la solicitud, cubriremos el medicamento de acuerdo con nuestras pautas clínicas. Si no aprobamos la solicitud, usted o su representante autorizado, si identifica uno, pueden apelar la decisión. Consulte el *Manual del Miembro* para obtener información sobre las quejas y apelaciones.

Límites de cobertura

La columna de Requisitos/Límites de la *PDL* muestra cuando un medicamento tiene un determinado requisito o límite de cobertura. Los límites de cobertura incluyen lo siguiente:

- EDAD: se pueden aplicar restricciones de edad
  Este medicamento requiere la autorización previa si no está cubierto según su edad. Su proveedor debe enviarnos una solicitud de autorización previa si el medicamento es médicamente necesario.
- BP (brand preferred): de marca preferido
  Se prefiere la versión de marca de este medicamento.
- COBI (Concomitant Opioid Benzodiazepine Initiative): Iniciativa de Uso Concomitante de Opioides y Benzodiazepinas
  Para una benzodiazepina, se requiere la autorización previa si esta se utiliza en combinación con un opioide durante, al menos, 60 días en un período de 90 días.
- NTM (new-to-market medication): medicamento nuevo en el mercado
  Este medicamento está bajo revisión de la farmacia y el Comité Terapéutico. Durante el proceso de revisión, si su proveedor cree que usted tiene una necesidad médica del medicamento nuevo en el mercado, puede enviarnos una solicitud de autorización previa.
- PA (prior authorization): autorización previa
  Este medicamento requiere autorización previa. Su proveedor puede recetar un medicamento diferente que esté en la *PDL* o puede enviarnos una solicitud de autorización previa.
- QL (quantity limit): cantidad límite
  Este medicamento está limitado a una cantidad específica. Si una cantidad mayor es médicamente necesaria, su proveedor debe enviarnos una solicitud de autorización previa.

- PBHMI (Pediatric Behavioral Health Medication Initiative): Iniciativa de Medicamentos Pediátricos de Salud Conductual
  Este medicamento está limitado según la edad y las restricciones de polifarmacia para miembros menores de 18 años.
- PP (preferred product): producto preferido
  Este medicamento o dispositivo es preferido.
- SPP (specialty medication): medicamento de especialidad
  Este medicamento está disponible únicamente a través de nuestro proveedor farmacéutico de especialidad, Optum Specialty Pharmacy.
- ST (step therapy): terapia escalonada
  Este medicamento requiere la autorización previa si usted aún no ha utilizado el medicamento de primera línea que está en la *PDL*. Su proveedor puede recetar otro medicamento que esté en la *PDL* o puede enviarnos una solicitud de autorización previa.

Medicare Parte D

Si cuenta con cobertura de Medicare, el plan de cobertura de Medicare para medicamentos recetados (Parte D) cubrirá la mayoría de sus medicamentos recetados. Debe tener una tarjeta de identificación por separado para su cobertura de Medicare para medicamentos recetados. Muestre al farmacéutico su tarjeta de identificación de Medicare Parte D cuando surta una receta.

Incluso si cuenta con Medicare Parte D, cubriremos algunos medicamentos, como medicamentos de venta libre seleccionados. Los montos y excepciones del copago aún se aplican a estos medicamentos cubiertos. Para obtener más información, llámenos al **888.257.1985** (TTY: 888.391.5535). También puede obtener más información sobre la cobertura de Medicare para medicamentos recetados llamando a Medicare al 800.633.4227 (TTY: 877.486.2048), visitando el sitio web de Medicare en medicare.gov o consultando su manual *Medicare y usted*. Recuerde llevar todas sus tarjetas de identificación cuando vaya a la farmacia. Cuando surta una receta, muestre sus tarjetas de identificación de miembro de *Tufts Health Together* y MassHealth, así como su tarjeta de identificación para recetas de Medicare.

Programa de farmacia de especialidad

Una farmacia de especialidad necesita suministrarle algunos medicamentos que se suelen utilizar para tratar afecciones crónicas, como la hepatitis C o la esclerosis múltiple. Estos tipos de medicamentos requieren pericia y apoyo adicionales. Las farmacias de especialidad tienen conocimientos en estas áreas. Estas farmacias pueden brindar apoyo adicional a los miembros y proveedores.

Optum Specialty Pharmacy es nuestra farmacia de especialidad y puede proporcionarle estos medicamentos. Además de proporcionar medicamentos de especialidad específicos, Optum Specialty Pharmacy hará lo siguiente:

- Entregará los medicamentos en su hogar, en el consultorio de su proveedor o en cualquier dirección de entrega que usted elija (excepto en un apartado postal).
- Responderá sus preguntas y ofrecerá ayuda con sus medicamentos.
- Proporcionará información, materiales y apoyo continuo para ayudarlo a controlar su afección médica y a asegurarse de que tome sus medicamentos de la manera adecuada.
- Tendrá farmacéuticos del personal disponibles para ayudarlo 24 horas al día, siete días a la semana, si llama al 844.265.1705.

Synagis

Del 1 de noviembre al 31 de marzo, CVS/specialty suministrará Synagis, el cual se utiliza para prevenir enfermedades respiratorias graves causadas por el virus espiratorio sincicial (RSV), a los miembros de Tufts Health Together. Analizaremos las solicitudes de Synagis de acuerdo con las pautas más recientes de la Academia Estadounidense de Pediatría.

Para obtener una traducción gratuita al inglés, llame al número que se encuentra en su tarjeta de identificación.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) **សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា** ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់**សមាជិករបស់អ្នក។**

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈໍາຕົວຂອງທ່ານ.

Navajo Doo bą́ą́h ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee néé ho'dílzingo nantinígíí bikáá'.

Persian **برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.**

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

Tufts Health Plan cumple con las leyes federales vigentes sobre derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente por su raza, color, origen étnico, edad, discapacidad o sexo.

Tufts:

- Proporciona ayuda y servicios gratuitos a personas con discapacidades para que se comuniquen de forma eficaz con nosotros, tales como:
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, tales como:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Tufts Health Plan llamando al 888.257.1985.

Si cree que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivo de raza, color, origen étnico, edad, discapacidad o sexo, puede presentar una queja ante:

Tufts Health Plan
Atención: Civil Rights Coordinator, Legal Dept.
1 Wellness Way
Canton, MA 02021-1166
Teléfono: 1.866.750.2074, [número de TTY: 711]
Fax: 1.617.509.3085
Correo electrónico: civil_rights@point32health.org

Puede presentar una queja en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el coordinador de derechos civiles de Tufts Health Plan está a su disposición para ayudarlo. También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de forma electrónica a través del portal de quejas de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal o teléfono en:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 800.368.1019 o 800.537.7697 (TDD)

Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	$3.65	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	$3.65	PA; QL (Max of 60 patches per 30 days; max of 90 days per year.)
diclofenac potassium oral tablet 50 mg	$3.65	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	$3.65	
diclofenac sodium external gel 1 %	$3.65	
diclofenac sodium external solution 1.5 %, 2 %	$3.65	PA
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	$3.65	
diflunisal oral tablet 500 mg	$3.65	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	$3.65	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	$3.65	
etodolac oral capsule 200 mg, 300 mg	$3.65	
etodolac oral tablet 400 mg, 500 mg	$3.65	
fenoprofen calcium oral tablet 600 mg	$3.65	
FLECTOR EXTERNAL PATCH 1.3 %	$3.65	PA; QL (Max of 60 patches per 30 days; max of 90 days per year.)
flurbiprofen oral tablet 100 mg, 50 mg	$3.65	
ibuprofen oral suspension 100 mg/5ml	$3.65	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$3.65	
INDOCIN ORAL SUSPENSION 25 MG/5ML	$3.65	
indomethacin er oral capsule extended release 75 mg	$3.65	
indomethacin oral capsule 25 mg, 50 mg	$3.65	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	$3.65	
ketoprofen er oral capsule extended release 24 hour 200 mg	$3.65	
ketoprofen oral capsule 25 mg, 50 mg	$3.65	
ketorolac tromethamine injection solution 15 mg/ml	$3.65	QL (5 day supply per 30 fills)
ketorolac tromethamine injection solution 30 mg/ml	$3.65	QL (5 day supply per 30 fills)
ketorolac tromethamine intramuscular solution 60 mg/2ml	$3.65	QL (5 day supply per 30 fills)
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	$3.65	PA; QL (5 day supply per 30 fills)
ketorolac tromethamine oral tablet 10 mg	$3.65	QL (20 EA per 30 days)
LICART EXTERNAL PATCH 24 HOUR 1.3 %	$3.65	PA; QL (1 EA per 1 day)
meclofenamate sodium oral capsule 100 mg, 50 mg	$3.65	
mefenamic acid oral capsule 250 mg	$3.65	PA

Last Update: 3/15/23
Next Update: 4/15/23

DRUG NAME	TIER	LIMITATIONS / *NOTES
meloxicam oral tablet 15 mg, 7.5 mg	$3.65	
nabumetone oral tablet 500 mg, 750 mg	$3.65	
NAPRO EXTERNAL CREAM 15 %	$3.65	
naproxen oral suspension 125 mg/5ml	$3.65	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$3.65	
naproxen oral tablet delayed release 375 mg, 500 mg	$3.65	
naproxen sodium oral tablet 275 mg, 550 mg	$3.65	
oxaprozin oral tablet 600 mg	$3.65	
piroxicam oral capsule 10 mg, 20 mg	$3.65	
salsalate oral tablet 500 mg, 750 mg	$3.65	
sulindac oral tablet 150 mg, 200 mg	$3.65	
Analgesics - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	MB/RX	QL (400 ML per 1 day)
acetaminophen-codeine #2 oral tablet 300-15 mg	$3.65	QL (12 EA per 1 day)
acetaminophen-codeine #3 oral tablet 300-30 mg	$3.65	QL (12 EA per 1 day)
acetaminophen-codeine #4 oral tablet 300-60 mg	$3.65	QL (6 EA per 1 day)
acetaminophen-codeine oral solution 120-12 mg/5ml	$3.65	QL (150 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	$3.65	QL (12 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	$3.65	QL (6 EA per 1 day)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	$3.65	PA; QL (168 EA per 14 days)
ascomp-codeine oral capsule 50-325-40-30 mg	$3.65	QL (6 EA per 1 day)
bac oral tablet 50-325-40 mg	$3.65	QL (6 EA per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	$3.65	PA; QL (2 EA per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	$3.65	PA; QL (168 EA per 14 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	$3.65	PA; QL (4 EA per 28 days)
butalbital-acetaminophen oral tablet 50-325 mg	$3.65	QL (6 EA per 1 day)
butalbital-apap-caffeine oral capsule 50-325-40 mg	$3.65	QL (6 EA per 1 day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	$3.65	QL (6 EA per 1 day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	$3.65	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	$3.65	QL (6 EA per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	$3.65	
butorphanol tartrate nasal solution 10 mg/ml	$3.65	
codeine sulfate oral tablet 15 mg	$3.65	QL (24 EA per 1 day)
codeine sulfate oral tablet 30 mg	$3.65	QL (12 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
codeine sulfate oral tablet 60 mg	$3.65	QL (6 EA per 1 day)
endocet oral tablet 10-325 mg	$3.65	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	$3.65	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	$3.65	QL (8 EA per 1 day)
ESGIC ORAL CAPSULE 50-325-40 MG	$3.65	QL (6 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	$3.65	PA; QL (4 EA per 1 day)
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$3.65	PA; QL (4 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	Medical Benefit	
FENTANYL CITRATE INTRAVENOUS SOLUTION 2500 MCG/50ML	Medical Benefit	PA: Covered under Medical Benefit with PA
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	Medical Benefit	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/100ML-%	Medical Benefit	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 2500-0.9 MCG/50ML-%	Medical Benefit	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.1-0.9 MG/50ML-%	Medical Benefit	
fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	$3.65	PA; QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	$3.65	QL (10 EA per 30 days)
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%	Medical Benefit	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	$3.65	PA; QL (2 EA per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	$3.65	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$3.65	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	$3.65	QL (8 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	$3.65	QL (5 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	$3.65	PA; QL (1 EA per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	$3.65	QL (20 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	$3.65	QL (10 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	$3.65	QL (5 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydromorphone hcl oral tablet 8 mg	$3.65	QL (2 EA per 1 day)
hydromorphone hcl rectal suppository 3 mg	$3.65	QL (4 EA per 1 day)
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	Medical Benefit	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 25-0.9 MG/25ML-%, 30-0.9 MG/30ML-%, 6-0.9 MG/30ML-%	Medical Benefit	
meperidine hcl oral solution 50 mg/5ml	$3.65	QL (90 ML per 1 day)
methadone hcl injection solution 10 mg/ml	MB/RX	PA: PA applies to pharmacy benefit only; QL (2 ML per 1 day)
methadone hcl intensol oral concentrate 10 mg/ml	$3.65	PA; QL (2 ML per 1 day)
methadone hcl oral concentrate 10 mg/ml	Medical Benefit	QL (2 EA per 1 day)
methadone hcl oral solution 10 mg/5ml	$3.65	PA: PA applies to pharmacy benefit only; QL (10 ML per 1 day)
methadone hcl oral solution 5 mg/5ml	$3.65	PA; QL (20 ML per 1 day)
methadone hcl oral tablet 10 mg	$3.65	PA; QL (2 EA per 1 day)
methadone hcl oral tablet 5 mg	$3.65	PA; QL (3 EA per 1 day)
methadone hcl oral tablet soluble 40 mg	Medical Benefit	
METHADOSE ORAL CONCENTRATE 10 MG/ML	Medical Benefit	QL (2 ML per 1 day)
methadose oral tablet soluble 40 mg	Medical Benefit	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	Medical Benefit	QL (2 ML per 1 day)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	$3.65	QL (4.5 EA per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	$3.65	QL (4.5 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	$3.65	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	$3.65	PA; QL (2 EA per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	$3.65	PA; QL (3 EA per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	$3.65	QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml	$3.65	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	$3.65	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	$3.65	QL (6 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
morphine sulfate oral tablet 30 mg	$3.65	QL (3 EA per 1 day)
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	Medical Benefit	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%	Medical Benefit	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	$3.65	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG	$3.65	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	$3.65	PA; QL (4 EA per 1 day)
NUCYNTA ORAL TABLET 75 MG	$3.65	PA; QL (3 EA per 1 day)
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG	$3.65	QL (2 EA per 1 day)
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 80 MG	$3.65	PA; QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	$3.65	QL (12 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	$3.65	QL (3 ML per 1 day)
oxycodone hcl oral solution 5 mg/5ml	$3.65	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	$3.65	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	$3.65	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	$3.65	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	$3.65	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	$3.65	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	$3.65	PA; QL (30 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	$3.65	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$3.65	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$3.65	QL (8 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	$3.65	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	$3.65	PA; QL (2 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	$3.65	PA; QL (2 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	$3.65	PA; QL (3 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	$3.65	PA; QL (6 EA per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$3.65	PA; QL (4 sprays per day.)
TENCON ORAL TABLET 50-325 MG	$3.65	QL (6 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	$3.65	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	$3.65	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	$3.65	QL (4 EA per 1 day)
tramadol hcl oral tablet 50 mg	$3.65	QL (8 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	$3.65	QL (8 EA per 1 day)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	$3.65	QL (6 EA per 1 day)
Anesthetics		
7T LIDO EXTERNAL GEL 2 %	$3.65	
bupivacaine hcl injection solution 0.5 %	Medical Benefit	
CRYODOSE TA EXTERNAL AEROSOL	$3.65	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	$3.65	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	$3.65	
glydo external prefilled syringe 2 %	$3.65	
lidocaine external ointment 5 %	$3.65	QL (50 GM per 30 days)
lidocaine external patch 5 %	$3.65	
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML	Medical Benefit	
lidocaine hcl (pf) injection solution 1 %, 4 %	$3.65	
lidocaine hcl external cream 3 %	$3.65	
lidocaine hcl external lotion 3 %	$3.65	
lidocaine hcl external solution 4 %	$3.65	
lidocaine hcl injection solution 0.5 %	$3.65	
lidocaine hcl injection solution 1 %, 2 %	$3.65	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML	Medical Benefit	
lidocaine hcl urethral/mucosal external gel 2 %	$3.65	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	$3.65	
lidocaine-prilocaine external cream 2.5-2.5 %	$3.65	
lidocaine-prilocaine external kit 2.5-2.5 %	$3.65	
lidopin external cream 3 %	$3.65	
premium lidocaine external ointment 5 %	$3.65	QL (50 GM per 30 days)
PROXIVOL EXTERNAL GEL 2 %	$3.65	
SENSORCAINE INJECTION SOLUTION 0.5 %	Medical Benefit	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ZERUVIA EXTERNAL PATCH 4-1 %	$3.65	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	$0	Medication can be filled for up to a 90 day supply
buprenorphine hcl sublingual tablet sublingual 2 mg	$0	PA; QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	$0	PA; QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	$0	PA; QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	$0	PA; QL (3 EA per 1 day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	PA: PA applies to members 5 years of age and under.; PBHMI
disulfiram oral tablet 250 mg, 500 mg	$0	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	$0	
LUCEMYRA ORAL TABLET 0.18 MG	$3.65	QL (132 EA per 1 fill)
naloxone hcl injection solution 0.4 mg/ml	$0	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	$0	
naloxone hcl nasal liquid 4 mg/0.1ml	$0	
naltrexone hcl oral tablet 50 mg	$0	PA: PA applies to members 5 years of age and under.; PBHMI
NARCAN NASAL LIQUID 4 MG/0.1ML	$0	
NICOTROL INHALATION INHALER 10 MG	$0	
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	MB/RX	PP
SUBOXONE SUBLINGUAL FILM 12-3 MG	$0	QL (Max 2.66 Films Per Day); BP; PP
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	$0	BP; PP; QL (16 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	$0	BP; PP; QL (8 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	$0	BP; PP; QL (4 EA per 1 day)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	$0	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	$0	PA; QL (23 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	$0	PA; QL (11 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	$0	PA; QL (1 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	$0	PA; QL (5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	$0	PA; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	$0	PA; QL (2 EA per 1 day)
Antibacterials		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	$3.65	QL (12 EA per 1 fill)
ALTABAX EXTERNAL OINTMENT 1 %	$3.65	ST; QL (15 GM per 1 fill)
amikacin sulfate injection solution 500 mg/2ml	$3.65	
amoxicillin oral capsule 250 mg, 500 mg	$3.65	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	$3.65	
amoxicillin oral tablet 500 mg, 875 mg	$3.65	
amoxicillin oral tablet chewable 125 mg, 250 mg	$3.65	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	$3.65	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	$3.65	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$3.65	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	$3.65	
ampicillin oral capsule 500 mg	$3.65	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	$3.65	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	$3.65	
avidoxy oral tablet 100 mg	$3.65	
azithromycin oral packet 1 gm	$3.65	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$3.65	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	$3.65	
aztreonam injection solution reconstituted 1 gm	$3.65	
BAXDELA ORAL TABLET 450 MG	$3.65	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	$3.65	
cefaclor er oral tablet extended release 12 hour 500 mg	$3.65	
cefaclor oral capsule 250 mg, 500 mg	$3.65	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
cefadroxil oral capsule 500 mg	$3.65	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	$3.65	
cefadroxil oral tablet 1 gm	$3.65	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 3 GM/30ML	Medical Benefit	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	MB/RX	
cefazolin sodium injection solution reconstituted 2 gm	Medical Benefit	
cefdinir oral capsule 300 mg	$3.65	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	
cefepime hcl injection solution reconstituted 1 gm	$3.65	
cefepime hcl injection solution reconstituted 2 gm	MB/RX	
cefixime oral capsule 400 mg	$3.65	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$3.65	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	MB/RX	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	$3.65	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	$3.65	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	
cefprozil oral tablet 250 mg, 500 mg	$3.65	
ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg, 500 mg	$3.65	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	MB/RX	
cefuroxime axetil oral tablet 250 mg, 500 mg	$3.65	
CENTANY EXTERNAL OINTMENT 2 %	$3.65	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	$3.65	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	
cephalexin oral tablet 250 mg, 500 mg	$3.65	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	$3.65	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clarithromycin er oral tablet extended release 24 hour 500 mg	$3.65	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	
clarithromycin oral tablet 250 mg, 500 mg	$3.65	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	$3.65	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$3.65	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	$3.65	
clindamycin phosphate vaginal cream 2 %	$3.65	
dicloxacillin sodium oral capsule 250 mg, 500 mg	$3.65	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	$3.65	PA; QL (136 ML per 1 fill)
DIFICID ORAL TABLET 200 MG	$3.65	PA; QL (20 EA per 1 fill)
doxycycline hyclate oral capsule 100 mg, 50 mg	$3.65	
doxycycline hyclate oral tablet 100 mg, 20 mg	$3.65	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$3.65	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	$3.65	
doxycycline monohydrate oral tablet 100 mg, 50 mg	$3.65	
E.E.S. 400 ORAL TABLET 400 MG	$3.65	
ertapenem sodium injection solution reconstituted 1 gm	$3.65	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	$3.65	
erythromycin base oral capsule delayed release particles 250 mg	$3.65	
erythromycin base oral tablet 250 mg, 500 mg	$3.65	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	$3.65	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	$3.65	
erythromycin ethylsuccinate oral tablet 400 mg	$3.65	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	$3.65	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	$3.65	QL (1 bottle per 10 days)
fosfomycin tromethamine oral packet 3 gm	$3.65	
gentamicin sulfate external cream 0.1 %	$3.65	
gentamicin sulfate external ointment 0.1 %	$3.65	
iodine tincture external tincture 2 %	$3.65	
levofloxacin oral solution 25 mg/ml	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$3.65	
linezolid oral suspension reconstituted 100 mg/5ml	$3.65	QL (60 ML per 1 day)
linezolid oral tablet 600 mg	$3.65	QL (2 EA per 1 day)
meropenem intravenous solution reconstituted 1 gm, 500 mg	Medical Benefit	
methenamine hippurate oral tablet 1 gm	$3.65	
methenamine mandelate oral tablet 0.5 gm, 1 gm	$3.65	
metronidazole oral capsule 375 mg	$3.65	
metronidazole oral tablet 250 mg, 500 mg	$3.65	
metronidazole vaginal gel 0.75 %	$3.65	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	$3.65	
mondoxyne nl oral capsule 100 mg	$3.65	
morgidox oral capsule 100 mg	$3.65	
moxifloxacin hcl oral tablet 400 mg	$3.65	
mupirocin calcium external cream 2 %	$3.65	PA
mupirocin external ointment 2 %	$3.65	
neomycin sulfate oral tablet 500 mg	$3.65	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	$3.65	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	$3.65	
nitrofurantoin oral suspension 25 mg/5ml	$3.65	
NUZYRA ORAL TABLET 150 MG	$3.65	
ofloxacin oral tablet 400 mg	$3.65	
paromomycin sulfate oral capsule 250 mg	$3.65	
penicillin g procaine intramuscular suspension 600000 unit/ml	$3.65	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	$3.65	
penicillin v potassium oral tablet 250 mg, 500 mg	$3.65	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm	Medical Benefit	
silver sulfadiazine external cream 1 %	$3.65	
SIVEXTRO ORAL TABLET 200 MG	$3.65	QL (6 EA per 365 days)
SOLOSEC ORAL PACKET 2 GM	$3.65	PA
ssd external cream 1 %	$3.65	
sulfadiazine oral tablet 500 mg	$3.65	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$3.65	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	$3.65	PA
sulfatrim pediatric oral suspension 200-40 mg/5ml	$3.65	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	$3.65	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	$3.65	
tetracycline hcl oral capsule 250 mg, 500 mg	$3.65	
tinidazole oral tablet 250 mg, 500 mg	$3.65	
trimethoprim oral tablet 100 mg	$3.65	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	MB/RX	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	Medical Benefit	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	$3.65	
vancomycin hcl oral capsule 125 mg, 250 mg	$3.65	QL (40 EA per 10 days)
vancomycin hcl oral solution reconstituted 250 mg/5ml	$3.65	
XENLETA ORAL TABLET 600 MG	$3.65	
XEPI EXTERNAL CREAM 1 %	$3.65	PA; QL (30 GM per 1 fill)
XIFAXAN ORAL TABLET 200 MG	$3.65	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	$3.65	PA; QL (2 EA per 1 day)
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	$3.65	QL (1 pack per lifetime.)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	$3.65	QL (2 EA per 1 day)
enoxaparin sodium injection solution 300 mg/3ml	$3.65	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	$3.65	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	$3.65	
FRAGMIN INJECTION INJECTABLE 2500 UNIT/ML	$3.65	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	$3.65	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 5000-0.9 UT/500ML-%	$3.65	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	$3.65	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$3.65	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	$3.65	BP; QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	$3.65	PA; QL (1 EA per 1 day)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$3.65	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	$3.65	PA; QL (20 mL per day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	$3.65	QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	$3.65	PA; QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	$3.65	QL (1 pack per lifetime.)
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
BRIVIACT ORAL SOLUTION 10 MG/ML	$3.65	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$3.65	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
carbamazepine oral suspension 100 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
carbamazepine oral tablet 200 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
carbamazepine oral tablet chewable 100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
CELONTIN ORAL CAPSULE 300 MG	$3.65	
clobazam oral suspension 2.5 mg/ml	$3.65	PA
clobazam oral tablet 10 mg, 20 mg	$3.65	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	$3.65	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	$3.65	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	$3.65	QL (1 EA per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	$3.65	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
divalproex sodium oral capsule delayed release sprinkle 125 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	$3.65	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$3.65	PA
epitol oral tablet 200 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
ethosuximide oral capsule 250 mg	$3.65	
ethosuximide oral solution 250 mg/5ml	$3.65	
felbamate oral suspension 600 mg/5ml	$3.65	PA
felbamate oral tablet 400 mg, 600 mg	$3.65	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$3.65	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$3.65	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$3.65	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
gabapentin oral tablet 600 mg, 800 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lacosamide intravenous solution 200 mg/20ml	Medical Benefit	
lacosamide oral solution 10 mg/ml	$3.65	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$3.65	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine oral tablet chewable 25 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI

DRUG NAME	TIER	LIMITATIONS / *NOTES
lamotrigine starter kit-blue oral kit 35 x 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	$3.65	PA
levetiracetam in nacl intravenous solution 250 mg/50ml	Medical Benefit	
levetiracetam oral solution 100 mg/ml	$3.65	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	$3.65	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	$3.65	PA: PA applies to membes 0-11 years of age. No PA required for members 12 years of age and older.; QL (1 EA per 1 fill)
oxcarbazepine oral suspension 300 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
phenobarbital oral elixir 20 mg/5ml	$3.65	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$3.65	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$3.65	
phenytoin infatabs oral tablet chewable 50 mg	$3.65	
phenytoin oral suspension 125 mg/5ml	$3.65	
phenytoin oral tablet chewable 50 mg	$3.65	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$3.65	
primidone oral tablet 250 mg, 50 mg	$3.65	
roweepra oral tablet 500 mg	$3.65	
rufinamide oral suspension 40 mg/ml	$3.65	PA
rufinamide oral tablet 200 mg, 400 mg	$3.65	PA
SABRIL ORAL PACKET 500 MG	$3.65	PA; BP
SABRIL ORAL TABLET 500 MG	$3.65	PA; BP
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	$3.65	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
subvenite starter kit-blue oral kit 35 x 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	$3.65	PA
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$3.65	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
topiramate er oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
topiramate oral capsule sprinkle 15 mg, 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
valproic acid oral capsule 250 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
valproic acid oral solution 250 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	$3.65	PA: PA applies to members 0- 5 years of age. No PA required for members 6 years of age and older.; QL (1 box per fill.)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML	$3.65	PA: PA applies to members 0- 5 years of age. No PA required for members 6 years of age and older.; QL (1 box per fill.)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$3.65	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	$3.65	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$3.65	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	$3.65	PA; PBHMI; QL (4 EA per 28 days)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
donepezil hcl oral tablet 10 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; Medication can be filled for up to a 90 day supply
donepezil hcl oral tablet dispersible 10 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; Medication can be filled for up to a 90 day supply
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	$3.65	Medication can be filled for up to a 90 day supply
galantamine hydrobromide oral solution 4 mg/ml	$3.65	Medication can be filled for up to a 90 day supply
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	$3.65	Medication can be filled for up to a 90 day supply
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Medical Benefit	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; Medication can be filled for up to a 90 day supply
memantine hcl oral solution 2 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; Medication can be filled for up to a 90 day supply
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; Medication can be filled for up to a 90 day supply
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$3.65	Medication can be filled for up to a 90 day supply
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	$3.65	Medication can be filled for up to a 90 day supply
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
bupropion hcl oral tablet 100 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
citalopram hydrobromide oral solution 10 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI

DRUG NAME	TIER	LIMITATIONS / *NOTES
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	$3.65	PA: PA applies to members 5 years of age and under.; ST; PBHMI
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; ST; PBHMI
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
doxepin hcl oral concentrate 10 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	$3.65	PA: Additional PA requirements for members 5 years and under; PBHMI
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
fluoxetine hcl oral solution 20 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
fluoxetine hcl oral tablet 10 mg, 20 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
nortriptyline hcl oral solution 10 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
paroxetine hcl oral suspension 10 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
paroxetine mesylate oral capsule 7.5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
phenelzine sulfate oral tablet 15 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
protriptyline hcl oral tablet 10 mg, 5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
sertraline hcl oral concentrate 20 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA: Covered under Medical Benefit with PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA: Covered under Medical Benefit with PA
tranylcypromine sulfate oral tablet 10 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; ST; PBHMI
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML	Medical Benefit	PA: Covered under Medical Benefit with PA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	$3.65	QL (1 EA per 1 fill)
ANZEMET ORAL TABLET 50 MG	$3.65	QL (5 EA per 1 fill)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	MB/RX	QL (18 ML per 1 fill)
aprepitant oral 80 & 125 mg	$3.65	QL (6 EA per 1 fill)
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	$3.65	QL (6 EA per 1 fill)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	$3.65	PA
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	MB/RX	QL (18 ML per 1 fill)
compro rectal suppository 25 mg	$3.65	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	$3.65	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$3.65	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	$3.65	QL (3 EA per 7 days)
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	MB/RX	QL (2 vials per 1 fill.)
granisetron hcl oral tablet 1 mg	$3.65	QL (14 EA per 1 fill)
meclizine hcl oral tablet 12.5 mg, 25 mg	$3.65	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	$3.65	
metoclopramide hcl oral tablet 10 mg, 5 mg	$3.65	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	$3.65	
ondansetron hcl oral solution 4 mg/5ml	$3.65	QL (105 ML per 1 fill)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	$3.65	QL (21 EA per 1 fill)
ondansetron odt oral tablet dispersible 4 mg, 8 mg	$3.65	QL (21 EA per 1 fill)
palonosetron hcl intravenous solution 0.25 mg/2ml	MB/RX	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
palonosetron hcl intravenous solution 0.25 mg/5ml	MB/RX	QL (20 ML per 1 fill)
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	MB/RX	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
prochlorperazine edisylate injection solution 10 mg/2ml	$3.65	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$3.65	
prochlorperazine rectal suppository 25 mg	$3.65	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	$3.65	PA; QL (4 EA per 28 days)
scopolamine transdermal patch 72 hour 1 mg/3days	$3.65	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	Medical Benefit	
SYNDROS ORAL SOLUTION 5 MG/ML	$3.65	PA
trimethobenzamide hcl oral capsule 300 mg	$3.65	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	$3.65	QL (2 tablets per fill; max of 6 tablets per 30 days)
Antifungals		
ciclodan external solution 8 %	$3.65	
ciclopirox external gel 0.77 %	$3.65	
ciclopirox external shampoo 1 %	$3.65	PA
ciclopirox external solution 8 %	$3.65	
ciclopirox olamine external cream 0.77 %	$3.65	
ciclopirox olamine external suspension 0.77 %	$3.65	PA
clotrimazole external cream 1 %	$3.65	
clotrimazole external solution 1 %	$3.65	
clotrimazole mouth/throat troche 10 mg	$3.65	
clotrimazole-betamethasone external cream 1-0.05 %	$3.65	
clotrimazole-betamethasone external lotion 1-0.05 %	$3.65	
CRESEMBA ORAL CAPSULE 186 MG	$3.65	
econazole nitrate external cream 1 %	$3.65	
ECOZA EXTERNAL FOAM 1 %	$3.65	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	$3.65	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$3.65	
flucytosine oral capsule 250 mg, 500 mg	$3.65	PA
griseofulvin microsize oral suspension 125 mg/5ml	$3.65	
griseofulvin microsize oral tablet 500 mg	$3.65	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$3.65	
GYNAZOLE-1 VAGINAL CREAM 2 %	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
itraconazole oral capsule 100 mg	$3.65	
itraconazole oral solution 10 mg/ml	$3.65	
JUBLIA EXTERNAL SOLUTION 10 %	$3.65	PA
ketoconazole external cream 2 %	$3.65	
ketoconazole external foam 2 %	$3.65	
ketoconazole external shampoo 2 %	$3.65	
ketoconazole oral tablet 200 mg	$3.65	
ketodan external foam 2 %	$3.65	
LULICONAZOLE EXTERNAL CREAM 1 %	$3.65	PA
miconazole 3 vaginal suppository 200 mg	$3.65	
naftifine hcl external cream 1 %, 2 %	$3.65	PA
NAFTIN EXTERNAL GEL 1 %	$3.65	PA
NOXAFIL ORAL PACKET 300 MG	$3.65	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML	$3.65	PA
nyamyc external powder 100000 unit/gm	$3.65	
nystatin external cream 100000 unit/gm	$3.65	
nystatin external ointment 100000 unit/gm	$3.65	
nystatin external powder 100000 unit/gm	$3.65	
nystatin mouth/throat suspension 100000 unit/ml	$3.65	
nystatin oral tablet 500000 unit	$3.65	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	$3.65	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	$3.65	
nystop external powder 100000 unit/gm	$3.65	
oxiconazole nitrate external cream 1 %	$3.65	PA
OXISTAT EXTERNAL LOTION 1 %	$3.65	PA
posaconazole oral tablet delayed release 100 mg	$3.65	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	$3.65	PA
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	$3.65	PA
terbinafine hcl oral tablet 250 mg	$3.65	
terconazole vaginal cream 0.4 %, 0.8 %	$3.65	
terconazole vaginal suppository 80 mg	$3.65	
voriconazole intravenous solution reconstituted 200 mg	Medical Benefit	PA: Covered under Medical Benefit with PA
voriconazole oral suspension reconstituted 40 mg/ml	$3.65	PA
voriconazole oral tablet 200 mg, 50 mg	$3.65	PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	$3.65	Medication can be filled for up to a 90 day supply
colchicine oral tablet 0.6 mg	$3.65	
colchicine-probenecid oral tablet 0.5-500 mg	$3.65	
febuxostat oral tablet 40 mg, 80 mg	$3.65	ST; Medication can be filled for up to a 90 day supply
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	MB/RX	SPP; PA
probenecid oral tablet 500 mg	$3.65	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$3.65	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	$3.65	PA; PP; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	$3.65	PA; PP; QL (1.5 ML per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	$3.65	PA; QL (9 EA per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	Medical Benefit	QL (4 ML per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	$3.65	QL (8 ML per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	$3.65	PA; QL (9 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	$3.65	PA; QL (1 mL per 30 days; 2 injections permitted for the first month of treatment.); PP
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$3.65	PA; PP; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	$3.65	PA; QL (1 mL per 30 days; 2 injections permitted for the first month of treatment.); PP
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	$3.65	
ergotamine-caffeine oral tablet 1-100 mg	$3.65	
frovatriptan succinate oral tablet 2.5 mg	$3.65	PA; QL (9 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	$3.65	
naratriptan hcl oral tablet 1 mg, 2.5 mg	$3.65	ST; QL (9 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	$3.65	PA; QL (16 EA per 30 days); PP
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	$3.65	PA; QL (1 EA per 1 day)
REYVOW ORAL TABLET 100 MG	$3.65	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	$3.65	PA; QL (4 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	$3.65	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	$3.65	QL (9 EA per 30 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
sumatriptan nasal solution 20 mg/act, 5 mg/act	$3.65	QL (6 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$3.65	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	$3.65	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	$3.65	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	$3.65	QL (2 ML per 30 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	$3.65	PA; QL (6 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	$3.65	PA; QL (16 EA per 30 days); PP
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Medical Benefit	PA: Covered under Medical Benefit with PA
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	$3.65	ST; QL (6 EA per 30 days)
zolmitriptan nasal solution 5 mg	$3.65	ST; QL (6 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$3.65	ST; QL (9 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	$3.65	ST; QL (9 EA per 30 days)
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	$3.65	
pyridostigmine bromide oral tablet 60 mg	$3.65	
Antimycobacterials		
cycloserine oral capsule 250 mg	$3.65	
dapsone oral tablet 100 mg, 25 mg	$3.65	
ethambutol hcl oral tablet 100 mg, 400 mg	$3.65	
isoniazid oral syrup 50 mg/5ml	$3.65	
isoniazid oral tablet 100 mg, 300 mg	$3.65	
PRETOMANID ORAL TABLET 200 MG	$3.65	
PRIFTIN ORAL TABLET 150 MG	$3.65	
pyrazinamide oral tablet 500 mg	$3.65	
rifabutin oral capsule 150 mg	$3.65	
rifampin oral capsule 150 mg, 300 mg	$3.65	
SIRTURO ORAL TABLET 100 MG, 20 MG	$3.65	PA
TRECATOR ORAL TABLET 250 MG	$3.65	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	$3.65	SPP; PA
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	$3.65	SPP; PA; BP

DRUG NAME	TIER	LIMITATIONS / *NOTES
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	$3.65	SPP; PA; BP
ALECENSA ORAL CAPSULE 150 MG	$3.65	SPP; PA
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	MB/RX	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	$3.65	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	$3.65	PA
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Medical Benefit	
anastrozole oral tablet 1 mg	$3.65	
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	MB/RX	SPP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Medical Benefit	PA: Covered under Medical Benefit with PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$3.65	PA
azacitidine injection suspension reconstituted 100 mg	MB/RX	SPP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$3.65	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB/RX	
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	Medical Benefit	
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	Medical Benefit	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	Medical Benefit	
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	MB/RX	
bexarotene external gel 1 %	$3.65	SPP
bexarotene oral capsule 75 mg	$3.65	SPP
bicalutamide oral tablet 50 mg	$3.65	
bortezomib injection solution 3.5 mg/1.4ml	MB/RX	
bortezomib injection solution reconstituted 1 mg, 2.5 mg	Medical Benefit	
bortezomib injection solution reconstituted 3.5 mg	MB/RX	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	$3.65	SPP; PA
BRAFTOVI ORAL CAPSULE 75 MG	$3.65	SPP; PA
BRUKINSA ORAL CAPSULE 80 MG	$3.65	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$3.65	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
CALQUENCE ORAL CAPSULE 100 MG	$3.65	SPP; PA
CALQUENCE ORAL TABLET 100 MG	$3.65	PA
capecitabine oral tablet 150 mg, 500 mg	$3.65	SPP
CAPRELSA ORAL TABLET 100 MG, 300 MG	$3.65	PA
carmustine intravenous solution reconstituted 300 mg, 50 mg	Medical Benefit	
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	$3.65	SPP; PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$3.65	SPP; PA
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
COTELLIC ORAL TABLET 20 MG	$3.65	SPP; PA
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	$3.65	
cyclophosphamide oral capsule 25 mg, 50 mg	$3.65	
cytarabine (pf) injection solution 100 mg/ml	$3.65	
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Medical Benefit	
DAURISMO ORAL TABLET 100 MG, 25 MG	$3.65	SPP; PA
decitabine intravenous solution reconstituted 50 mg	MB/RX	SPP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$3.65	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	Medical Benefit	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	MB/RX	
EMCYT ORAL CAPSULE 140 MG	$3.65	
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Medical Benefit	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	MB/RX	SPP
ERIVEDGE ORAL CAPSULE 150 MG	$3.65	SPP; PA
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	$3.65	SPP; PA
etoposide oral capsule 50 mg	$3.65	SPP
exemestane oral tablet 25 mg	$3.65	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	MB/RX	
fludarabine phosphate intravenous solution 25 mg/ml, 50 mg/2ml	Medical Benefit	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$3.65	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	MB/RX	
GAVRETO ORAL CAPSULE 100 MG	$3.65	SPP; PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	MB/RX	SPP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$3.65	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	$3.65	SPP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	MB/RX	SPP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	Medical Benefit	PA: Covered under Medical Benefit with PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	$3.65	SPP; PA
hydroxyurea oral capsule 500 mg	$3.65	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$3.65	SPP; PA; PP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$3.65	SPP; PA; PP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$3.65	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	$3.65	SPP; PA
imatinib mesylate oral tablet 100 mg, 400 mg	$3.65	SPP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	$3.65	SPP; PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	$3.65	SPP; PA
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	Medical Benefit	
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	Medical Benefit	
INLYTA ORAL TABLET 1 MG, 5 MG	$3.65	SPP; PA
INQOVI ORAL TABLET 35-100 MG	$3.65	SPP; PA
INREBIC ORAL CAPSULE 100 MG	$3.65	SPP; PA
IRESSA ORAL TABLET 250 MG	$3.65	SPP; PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	MB/RX	SPP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$3.65	SPP; PA
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	MB/RX	SPP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	MB/RX	SPP
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	Medical Benefit	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	$3.65	SPP; PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
KISQALI ORAL TABLET THERAPY PACK 200 MG	$3.65	SPP; PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$3.65	PA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$3.65	SPP; PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	$3.65	SPP; PA
letrozole oral tablet 2.5 mg	$3.65	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$3.65	
LEUKERAN ORAL TABLET 2 MG	$3.65	
levoleucovorin calcium intravenous solution reconstituted 50 mg	MB/RX	SPP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	MB/RX	SPP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$3.65	SPP; PA
LORBRENA ORAL TABLET 100 MG, 25 MG	$3.65	SPP; PA
LUMAKRAS ORAL TABLET 120 MG	$3.65	SPP; PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	$3.65	SPP; PA
LYSODREN ORAL TABLET 500 MG	$3.65	
MATULANE ORAL CAPSULE 50 MG	$3.65	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	$3.65	SPP; PA
MEKTOVI ORAL TABLET 15 MG	$3.65	SPP; PA
melphalan hcl intravenous solution reconstituted 50 mg	MB/RX	
melphalan oral tablet 2 mg	$3.65	
mercaptopurine oral tablet 50 mg	$3.65	
MESNEX ORAL TABLET 400 MG	$3.65	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	MB/RX	SPP
MYLERAN ORAL TABLET 2 MG	$3.65	
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	MB/RX	
NERLYNX ORAL TABLET 40 MG	$3.65	SPP; PA
NEXAVAR ORAL TABLET 200 MG	$3.65	SPP; PA; BP
nilutamide oral tablet 150 mg	$3.65	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$3.65	SPP; PA
ODOMZO ORAL CAPSULE 200 MG	$3.65	SPP; PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB/RX	SPP
ONUREG ORAL TABLET 200 MG, 300 MG	$3.65	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	Medical Benefit	PA: Covered under Medical Benefit with PA
ORGOVYX ORAL TABLET 120 MG	$3.65	PA
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	MB/RX	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
PANRETIN EXTERNAL GEL 0.1 %	$3.65	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$3.65	PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	Medical Benefit	
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	MB/RX	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Medical Benefit	
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML	Medical Benefit	
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	MB/RX	SPP
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Medical Benefit	PA: Covered under Medical Benefit with PA
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	$3.65	SPP; PA
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	Medical Benefit	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$3.65	SPP; PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	Medical Benefit	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Medical Benefit	PA: Covered under Medical Benefit with PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	$3.65	
QINLOCK ORAL TABLET 50 MG	$3.65	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	$3.65	SPP; PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	$3.65	SPP; PA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA: Covered under Medical Benefit with PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Medical Benefit	PA: Covered under Medical Benefit with PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	Medical Benefit	PA: Covered under Medical Benefit with PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
romidepsin intravenous solution reconstituted 10 mg	MB/RX	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	$3.65	SPP; PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$3.65	SPP; PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA: Covered under Medical Benefit with PA
RYDAPT ORAL CAPSULE 25 MG	$3.65	SPP; PA
SIKLOS ORAL TABLET 100 MG, 1000 MG	$3.65	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	$3.65	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG	$3.65	SPP
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG	$3.65	SPP; QL (2 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	$3.65	SPP; PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	$3.65	SPP; PA; BP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	$3.65	PA
TABLOID ORAL TABLET 40 MG	$3.65	SPP
TABRECTA ORAL TABLET 150 MG, 200 MG	$3.65	SPP; PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$3.65	SPP; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	$3.65	SPP; PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$3.65	SPP; PA
tamoxifen citrate oral tablet 10 mg, 20 mg	$0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	$3.65	SPP
TAZVERIK ORAL TABLET 200 MG	$3.65	PA
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	Medical Benefit	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB/RX	SPP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	$3.65	SPP
TEPMETKO ORAL TABLET 225 MG	$3.65	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	$3.65	SPP
thiotepa injection solution reconstituted 100 mg	Medical Benefit	
TIBSOVO ORAL TABLET 250 MG	$3.65	PA
toremifene citrate oral tablet 60 mg	$3.65	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	MB/RX	SPP
tretinoin oral capsule 10 mg	$3.65	SPP

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA: Covered under Medical Benefit with PA
TUKYSA ORAL TABLET 150 MG, 50 MG	$3.65	PA
TYKERB ORAL TABLET 250 MG	$3.65	SPP; BP
VALCHLOR EXTERNAL GEL 0.016 %	$3.65	SPP
valrubicin intravesical solution 40 mg/ml	MB/RX	SPP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB/RX	SPP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	$3.65	SPP; PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	$3.65	SPP; PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$3.65	SPP; PA
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	MB/RX	SPP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	$3.65	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	$3.65	PA
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	Medical Benefit	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$3.65	SPP; PA
VOTRIENT ORAL TABLET 200 MG	$3.65	SPP; PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	MB/RX	
WELIREG ORAL TABLET 40 MG	$3.65	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	$3.65	SPP; PA
XOSPATA ORAL TABLET 40 MG	$3.65	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	$3.65	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$3.65	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$3.65	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	$3.65	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$3.65	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$3.65	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$3.65	PA
XTANDI ORAL CAPSULE 40 MG	$3.65	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
XTANDI ORAL TABLET 40 MG, 80 MG	$3.65	SPP; PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	MB/RX	SPP
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	Medical Benefit	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	MB/RX	SPP
ZEJULA ORAL CAPSULE 100 MG	$3.65	SPP; PA
ZELBORAF ORAL TABLET 240 MG	$3.65	SPP; PA
ZOLINZA ORAL CAPSULE 100 MG	$3.65	SPP; PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	$3.65	SPP; PA
ZYKADIA ORAL TABLET 150 MG	$3.65	SPP; PA
Antiparasitics		
albendazole oral tablet 200 mg	$3.65	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	$3.65	
atovaquone oral suspension 750 mg/5ml	$3.65	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	$3.65	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	$3.65	
chloroquine phosphate oral tablet 250 mg, 500 mg	$3.65	
COARTEM ORAL TABLET 20-120 MG	$3.65	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	$3.65	
IMPAVIDO ORAL CAPSULE 50 MG	$3.65	
ivermectin oral tablet 3 mg	$3.65	QL (20 EA per 90 days)
KRINTAFEL ORAL TABLET 150 MG	$3.65	QL (2 EA per 1 fill)
LAMPIT ORAL TABLET 120 MG, 30 MG	$3.65	
lindane external shampoo 1 %	$3.65	
malathion external lotion 0.5 %	$3.65	
mefloquine hcl oral tablet 250 mg	$3.65	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	$3.65	
nitazoxanide oral tablet 500 mg	$3.65	
permethrin external cream 5 %	$3.65	
praziquantel oral tablet 600 mg	$3.65	
primaquine phosphate oral tablet 26.3 (15 base) mg	$3.65	
quinine sulfate oral capsule 324 mg	$3.65	PA
spinosad external suspension 0.9 %	$3.65	ST; QL (120 ML per 1 fill)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	$3.65	Medication can be filled for up to a 90 day supply
amantadine hcl oral solution 50 mg/5ml	$3.65	Medication can be filled for up to a 90 day supply
amantadine hcl oral tablet 100 mg	$3.65	Medication can be filled for up to a 90 day supply
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	$3.65	QL (15 ML per 23 days)
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	$3.65	
bromocriptine mesylate oral capsule 5 mg	$3.65	
bromocriptine mesylate oral tablet 2.5 mg	$3.65	
carbidopa oral tablet 25 mg	$3.65	Medication can be filled for up to a 90 day supply
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	$3.65	Medication can be filled for up to a 90 day supply
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$3.65	Medication can be filled for up to a 90 day supply
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	$3.65	Medication can be filled for up to a 90 day supply
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$3.65	Medication can be filled for up to a 90 day supply
entacapone oral tablet 200 mg	$3.65	Medication can be filled for up to a 90 day supply
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	$3.65	PA
INBRIJA INHALATION CAPSULE 42 MG	$3.65	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	$3.65	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG	$3.65	PA; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	$3.65	PA; QL (1 EA per 1 day)
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	$3.65	Medication can be filled for up to a 90 day supply
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$3.65	Medication can be filled for up to a 90 day supply
rasagiline mesylate oral tablet 0.5 mg, 1 mg	$3.65	Medication can be filled for up to a 90 day supply
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$3.65	Medication can be filled for up to a 90 day supply

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ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
selegiline hcl oral capsule 5 mg	$3.65	
selegiline hcl oral tablet 5 mg	$3.65	
tolcapone oral tablet 100 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (6 EA per 1 day)
trihexyphenidyl hcl oral solution 0.4 mg/ml	$3.65	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	$3.65	
XADAGO ORAL TABLET 100 MG, 50 MG	$3.65	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	$3.65	PA; QL (2 EA per 1 day)
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	$3.65	Medication can be filled for up to a 90 day supply
BRILINTA ORAL TABLET 60 MG, 90 MG	$3.65	
CABLIVI INJECTION KIT 11 MG	$3.65	
cilostazol oral tablet 100 mg, 50 mg	$3.65	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	$3.65	Medication can be filled for up to a 90 day supply
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$3.65	Medication can be filled for up to a 90 day supply
prasugrel hcl oral tablet 10 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
ZONTIVITY ORAL TABLET 2.08 MG	$3.65	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	MB/RX	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	MB/RX	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
aripiprazole oral solution 1 mg/ml	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
aripiprazole oral tablet dispersible 10 mg, 15 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (2.4 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (3.9 ML per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (1.6 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (2.4 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (3.2 ML per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (2 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
fluphenazine decanoate injection solution 25 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
fluphenazine hcl oral concentrate 5 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
fluphenazine hcl oral elixir 2.5 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI

DRUG NAME	TIER	LIMITATIONS / *NOTES
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
haloperidol lactate injection solution 5 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
haloperidol lactate oral concentrate 2 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	MB/RX	PA: PA applies to members 5 years of age and under.; QL (1 Injection/6 months); PP; PBHMI
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (0.5 ML per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	MB/RX	PA: PA applies to members 5 years of age and under.; PP; PBHMI; QL (2.63 ML per 90 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	$3.65	PA; QL (1 EA per 1 day)

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NUPLAZID ORAL TABLET 10 MG	$3.65	PA; QL (2 EA per 1 day)
olanzapine intramuscular solution reconstituted 10 mg	MB/RX	PA: PA applies to members 5 years of age and under.; PBHMI
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	MB/RX	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (3 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	MB/RX	PA: PA applies to members 5 years of age and under.; QL (2 injections per 28 days); PBHMI
risperidone oral solution 1 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (2 EA per 1 day)
risperidone oral tablet 4 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI

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DRUG NAME	TIER	LIMITATIONS / *NOTES
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (2 EA per 1 day)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	MB/RX	PA: PA applies to members 5 years of age and under.; PBHMI
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	MB/RX	PA: PA applies to members 5 years of age and under.; PBHMI; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	MB/RX	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 28 days)
Antivirals		
abacavir sulfate oral solution 20 mg/ml	$3.65	
abacavir sulfate oral tablet 300 mg	$3.65	
abacavir sulfate-lamivudine oral tablet 600-300 mg	$3.65	
acyclovir external cream 5 %	$3.65	PA; QL (5 GM per 1 fill)
acyclovir external ointment 5 %	$3.65	
acyclovir oral capsule 200 mg	$3.65	
acyclovir oral suspension 200 mg/5ml	$3.65	
acyclovir oral tablet 400 mg, 800 mg	$3.65	
adefovir dipivoxil oral tablet 10 mg	$3.65	QL (1 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG	$3.65	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	$3.65	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$3.65	QL (20 ML per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	$3.65	
BIKTARVY ORAL TABLET 50-200-25 MG	$3.65	PP
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Medical Benefit	PP
CIMDUO ORAL TABLET 300-300 MG	$3.65	
COMPLERA ORAL TABLET 200-25-300 MG	$3.65	
DELSTRIGO ORAL TABLET 100-300-300 MG	$3.65	PP
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0	PP

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DRUG NAME	TIER	LIMITATIONS / *NOTES
DOVATO ORAL TABLET 50-300 MG	$3.65	PP
EDURANT ORAL TABLET 25 MG	$3.65	
efavirenz oral capsule 200 mg, 50 mg	$3.65	
efavirenz oral tablet 600 mg	$3.65	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	$3.65	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	$3.65	
emtricitabine oral capsule 200 mg	$3.65	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	$0	
EMTRIVA ORAL SOLUTION 10 MG/ML	$3.65	
entecavir oral tablet 0.5 mg, 1 mg	$3.65	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	$3.65	QL (20 ML per 1 day)
etravirine oral tablet 100 mg, 200 mg	$3.65	
EVOTAZ ORAL TABLET 300-150 MG	$3.65	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$3.65	
fosamprenavir calcium oral tablet 700 mg	$3.65	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	$3.65	
GENVOYA ORAL TABLET 150-150-200-10 MG	$3.65	PP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	$3.65	
ISENTRESS HD ORAL TABLET 600 MG	$3.65	
ISENTRESS ORAL PACKET 100 MG	$3.65	
ISENTRESS ORAL TABLET 400 MG	$3.65	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	$3.65	
JULUCA ORAL TABLET 50-25 MG	$3.65	PP
lamivudine oral solution 10 mg/ml	$3.65	
lamivudine oral tablet 100 mg	$3.65	QL (1 EA per 1 day)
lamivudine oral tablet 150 mg, 300 mg	$3.65	
lamivudine-zidovudine oral tablet 150-300 mg	$3.65	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	$3.65	SPP; PA; PP; QL (1 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	$3.65	
LIVTENCITY ORAL TABLET 200 MG	$3.65	PA; QL (4 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$3.65	
maraviroc oral tablet 150 mg, 300 mg	$3.65	
MAVYRET ORAL PACKET 50-20 MG	$3.65	SPP; PA; PP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	$3.65	SPP; PA; PP; QL (3 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	$3.65	
nevirapine oral suspension 50 mg/5ml	$3.65	
nevirapine oral tablet 200 mg	$3.65	
NORVIR ORAL PACKET 100 MG	$3.65	
NORVIR ORAL TABLET 100 MG	$3.65	BP; PP
ODEFSEY ORAL TABLET 200-25-25 MG	$3.65	PP
oseltamivir phosphate oral capsule 30 mg	$3.65	QL (20 tablets per fill; maximum of 2 fills per year.)
oseltamivir phosphate oral capsule 45 mg, 75 mg	$3.65	QL (10 tablets per fill; maximum of 2 fills per year.)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	$3.65	QL (180 ML per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$3.65	SPP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	$3.65	SPP
penciclovir external cream 1 %	$3.65	PA; QL (5 GM per 1 fill)
PIFELTRO ORAL TABLET 100 MG	$3.65	PP
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	MB/RX	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	$3.65	PA
PREZCOBIX ORAL TABLET 800-150 MG	$3.65	PP
PREZISTA ORAL SUSPENSION 100 MG/ML	$3.65	BP; PP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	$3.65	BP; PP
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	$3.65	QL (20 blisters per 1 fill; maximum of 2 fills per year.)
REYATAZ ORAL PACKET 50 MG	$3.65	
ribavirin oral capsule 200 mg	$3.65	SPP
ribavirin oral tablet 200 mg	$3.65	SPP
rimantadine hcl oral tablet 100 mg	$3.65	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	$3.65	PP
SELZENTRY ORAL SOLUTION 20 MG/ML	$3.65	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	$3.65	SPP; PA; PP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 150 MG, 200 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
SOVALDI ORAL TABLET 200 MG, 400 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	$3.65	
STRIBILD ORAL TABLET 150-150-200-300 MG	$3.65	
SYMTUZA ORAL TABLET 800-150-200-10 MG	$3.65	PP
tenofovir disoproxil fumarate oral tablet 300 mg	$3.65	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	$3.65	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	$3.65	
TRIUMEQ ORAL TABLET 600-50-300 MG	$3.65	PP
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	$3.65	PP
TRIZIVIR ORAL TABLET 300-150-300 MG	$3.65	
TYBOST ORAL TABLET 150 MG	$3.65	
valacyclovir hcl oral tablet 1 gm, 500 mg	$3.65	
valganciclovir hcl oral solution reconstituted 50 mg/ml	$3.65	
valganciclovir hcl oral tablet 450 mg	$3.65	
VEMLIDY ORAL TABLET 25 MG	$3.65	PA; QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	$3.65	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	$3.65	
VIREAD ORAL POWDER 40 MG/GM	$3.65	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$3.65	QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	$3.65	QL (2 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	$3.65	QL (2 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
zidovudine oral capsule 100 mg	$3.65	
zidovudine oral syrup 50 mg/5ml	$3.65	
zidovudine oral tablet 300 mg	$3.65	
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
alprazolam intensol oral concentrate 1 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI

DRUG NAME	TIER	LIMITATIONS / *NOTES
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
buspirone hcl oral tablet 30 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg	$3.65	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
diazepam intensol oral concentrate 5 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
diazepam oral concentrate 5 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
diazepam oral solution 5 mg/5ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
diazepam oral tablet 10 mg, 2 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
estazolam oral tablet 1 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
hydroxyzine hcl oral syrup 10 mg/5ml	$3.65	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$3.65	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	$3.65	
lorazepam intensol oral concentrate 2 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
lorazepam oral concentrate 2 mg/ml	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
oxazepam oral capsule 10 mg, 15 mg, 30 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI

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DRUG NAME	TIER	LIMITATIONS / *NOTES
lithium carbonate oral tablet 300 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	SPP; PA
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	MB/RX	SPP; PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	SPP; PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	SPP; PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	SPP; PA
aminocaproic acid oral solution 0.25 gm/ml	$3.65	
aminocaproic acid oral tablet 1000 mg, 500 mg	$3.65	
anagrelide hcl oral capsule 0.5 mg, 1 mg	$3.65	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	$3.65	SPP; PA: PA required on Medical Benefit; QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	$3.65	SPP; PA: PA required on Medical Benefit; QL (4 ML per 30 days)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA; PP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	MB/RX	SPP; PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	MB/RX	SPP; PA
DOPTELET ORAL TABLET 20 MG	$3.65	SPP; PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	MB/RX	SPP; PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Medical Benefit	PA: Covered under Medical Benefit with PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Medical Benefit	PA: Covered under Medical Benefit with PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	$3.65	SPP; PA: PA required on Medical Benefit; QL (10 ML per 14 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	MB/RX	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	MB/RX	SPP
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	$3.65	SPP; PA; QL (10 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6ML	$3.65	SPP; PA; QL (16 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	$3.65	SPP; PA; QL (5 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	$3.65	SPP; PA; QL (8 ML per 14 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	$3.65	SPP; PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	MB/RX	SPP; PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	MB/RX	SPP; PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	MB/RX	SPP; PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	SPP; PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	MB/RX	SPP; PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	$3.65	SPP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	$3.65	QL (0.6 ML per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	$3.65	QL (0.6 ML per 30 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Medical Benefit	
MULPLETA ORAL TABLET 3 MG	$3.65	SPP; PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	$3.65	SPP; QL (10 ML per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	$3.65	SPP; QL (5 ML per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	$3.65	SPP; QL (8 ML per 14 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	$3.65	SPP; PA; QL (10 ML per 14 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	$3.65	SPP; PA; QL (16 ML per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	$3.65	SPP; PA; QL (5 ML per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	$3.65	SPP; PA; QL (8 ML per 14 days)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	MB/RX	SPP; PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG	MB/RX	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	MB/RX	SPP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	SPP; PA
NUWIQ INTRAVENOUS KIT 1500 UNIT	MB/RX	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	SPP; PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	MB/RX	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	$3.65	SPP; PA: PA required on Medical Benefit; QL (10 ML per 14 days)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	SPP; PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	$3.65	SPP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	$3.65	SPP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	SPP; PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	MB/RX	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	MB/RX	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	MB/RX	SPP; PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	$3.65	SPP; PA: PA required on Medical Benefit; QL (10 ML per 14 days)
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	MB/RX	SPP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	Medical Benefit	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	MB/RX	SPP; PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	MB/RX	SPP; PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	$3.65	QL (2 EA per 1 day)
tranexamic acid oral tablet 650 mg	$3.65	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	MB/RX	SPP; PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	MB/RX	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	MB/RX	SPP; PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	MB/RX	SPP; PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	SPP; PA; PP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	SPP; PA; PP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	$3.65	SPP; PA; QL (5 ML per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	$3.65	SPP; PA; QL (8 ML per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$3.65	SPP; QL (0.6 ML per 14 days)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral capsule 200 mg, 400 mg	$1	Medication can be filled for up to a 90 day supply
ALDACTAZIDE ORAL TABLET 25-25 MG	$1	
aliskiren fumarate oral tablet 150 mg, 300 mg	$1	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
amiloride hcl oral tablet 5 mg	$1	Medication can be filled for up to a 90 day supply
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$1	Medication can be filled for up to a 90 day supply
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	$3.65	Medication can be filled for up to a 90 day supply
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$1	Medication can be filled for up to a 90 day supply
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$1	Medication can be filled for up to a 90 day supply
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	$0	PA; Medication can be filled for up to a 90 day supply
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$1	ST; Medication can be filled for up to a 90 day supply
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$1	PA
atenolol oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	Medication can be filled for up to a 90 day supply
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$1	Medication can be filled for up to a 90 day supply
betaxolol hcl oral tablet 10 mg, 20 mg	$1	
BIDIL ORAL TABLET 20-37.5 MG	$3.65	PA
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML	Medical Benefit	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$1	Medication can be filled for up to a 90 day supply
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$1	Medication can be filled for up to a 90 day supply
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	$3.65	SPP; PA; QL (1 EA per day)
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$1	PA; Medication can be filled for up to a 90 day supply
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	$1	PA; Medication can be filled for up to a 90 day supply
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	$1	PA
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	$1	Medication can be filled for up to a 90 day supply
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$1	Medication can be filled for up to a 90 day supply
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	$1	ST; Medication can be filled for up to a 90 day supply
chlorthalidone oral tablet 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
cholestyramine light oral packet 4 gm	$1	Medication can be filled for up to a 90 day supply
cholestyramine light oral powder 4 gm/dose	$1	Medication can be filled for up to a 90 day supply
cholestyramine oral packet 4 gm	$1	Medication can be filled for up to a 90 day supply
cholestyramine oral powder 4 gm/dose	$1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$1	PA: PA applies to members 2 years and under.; PBHMI
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	$1	PA: PA applies to members 2 years and under.; PBHMI
colesevelam hcl oral tablet 625 mg	$1	PA; Medication can be filled for up to a 90 day supply
colestipol hcl oral packet 5 gm	$1	Medication can be filled for up to a 90 day supply
colestipol hcl tablet 1 gm oral	$1	Medication can be filled for up to a 90 day supply
colestipol hcl tablet 1 gm oral	$3.65	Medication can be filled for up to a 90 day supply
CORLANOR ORAL SOLUTION 5 MG/5ML	$3.65	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	$3.65	
digitek oral tablet 125 mcg, 250 mcg	$3.65	Medication can be filled for up to a 90 day supply
digox oral tablet 125 mcg, 250 mcg	$3.65	Medication can be filled for up to a 90 day supply
digoxin oral solution 0.05 mg/ml	$3.65	Medication can be filled for up to a 90 day supply
digoxin oral tablet 125 mcg, 250 mcg	$3.65	Medication can be filled for up to a 90 day supply
digoxin oral tablet 62.5 mcg	$3.65	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$1	Medication can be filled for up to a 90 day supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$1	Medication can be filled for up to a 90 day supply
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$1	PA; Medication can be filled for up to a 90 day supply
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	$1	Medication can be filled for up to a 90 day supply
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$1	Medication can be filled for up to a 90 day supply
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$1	Medication can be filled for up to a 90 day supply
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.9 MG/125ML-%	Medical Benefit	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$1	Medication can be filled for up to a 90 day supply
disopyramide phosphate oral capsule 100 mg, 150 mg	$3.65	Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
DIURIL ORAL SUSPENSION 250 MG/5ML	$3.65	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$3.65	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$1	Medication can be filled for up to a 90 day supply
droxidopa oral capsule 100 mg, 200 mg, 300 mg	$3.65	PA
EDARBI ORAL TABLET 40 MG, 80 MG	$3.65	PA
enalapril maleate oral solution 1 mg/ml	$3.65	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$1	Medication can be filled for up to a 90 day supply
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$3.65	
epinephrine pf injection solution 1 mg/ml	$3.65	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 5-5 MG/250ML-%	Medical Benefit	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	Medical Benefit	
eplerenone oral tablet 25 mg, 50 mg	$1	PA; Medication can be filled for up to a 90 day supply
ethacrynate sodium intravenous solution reconstituted 50 mg	MB/RX	
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	Medical Benefit	PA: Covered under Medical Benefit with PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	$3.65	PA; QL (1 EA per 1 day)
ezetimibe oral tablet 10 mg	$1	Medication can be filled for up to a 90 day supply
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
fenofibrate micronized oral capsule 130 mg, 43 mg	$1	PA; Medication can be filled for up to a 90 day supply
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$1	Medication can be filled for up to a 90 day supply
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	$1	PA; Medication can be filled for up to a 90 day supply
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	$1	Medication can be filled for up to a 90 day supply
fenofibrate oral capsule 150 mg, 50 mg	$1	PA; Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
fenofibrate oral tablet 120 mg, 40 mg	$1	PA; Medication can be filled for up to a 90 day supply
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	$1	Medication can be filled for up to a 90 day supply
fenofibric acid oral capsule delayed release 135 mg, 45 mg	$1	PA; Medication can be filled for up to a 90 day supply
fenofibric acid oral tablet 105 mg, 35 mg	$1	PA; Medication can be filled for up to a 90 day supply
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	$3.65	Medication can be filled for up to a 90 day supply
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	$0	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	$0	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg, 40 mg	$0	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	$1	Medication can be filled for up to a 90 day supply
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	$1	Medication can be filled for up to a 90 day supply
furosemide injection solution 10 mg/ml	$1	
furosemide oral solution 10 mg/ml, 8 mg/ml	$1	Medication can be filled for up to a 90 day supply
furosemide oral tablet 20 mg, 40 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
gemfibrozil oral tablet 600 mg	$1	Medication can be filled for up to a 90 day supply
guanfacine hcl oral tablet 1 mg, 2 mg	$1	PA: PA applies to members 2 years and under.; PBHMI
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
hydrochlorothiazide oral capsule 12.5 mg	$1	Medication can be filled for up to a 90 day supply
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
icosapent ethyl oral capsule 0.5 gm, 1 gm	$1	PA
indapamide oral tablet 1.25 mg, 2.5 mg	$1	Medication can be filled for up to a 90 day supply
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$1	Medication can be filled for up to a 90 day supply
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	$1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	$3.65	Medication can be filled for up to a 90 day supply
isosorbide mononitrate oral tablet 10 mg, 20 mg	$3.65	Medication can be filled for up to a 90 day supply
isradipine oral capsule 2.5 mg, 5 mg	$1	PA; Medication can be filled for up to a 90 day supply
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	$3.65	PA; QL (1 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	$1	Medication can be filled for up to a 90 day supply
LANOXIN ORAL TABLET 62.5 MCG	$3.65	
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Medical Benefit	PA: Covered under Medical Benefit with PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$1	Medication can be filled for up to a 90 day supply
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	$0	PA; QL (1 EA per 1 day)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$1	Medication can be filled for up to a 90 day supply
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0	Medication can be filled for up to a 90 day supply
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$1	PA; Medication can be filled for up to a 90 day supply
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
metoprolol tartrate oral tablet 37.5 mg, 75 mg	$1	PA
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$1	Medication can be filled for up to a 90 day supply
metyrosine oral capsule 250 mg	$3.65	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	$3.65	Medication can be filled for up to a 90 day supply
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
minoxidil oral tablet 10 mg, 2.5 mg	$1	Medication can be filled for up to a 90 day supply
moexipril hcl oral tablet 15 mg, 7.5 mg	$1	Medication can be filled for up to a 90 day supply
MULTAQ ORAL TABLET 400 MG	$3.65	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$1	ST
NEXLETOL ORAL TABLET 180 MG	$3.65	PA
NEXLIZET ORAL TABLET 180-10 MG	$3.65	PA
niacin (antihyperlipidemic) oral tablet 500 mg	$1	Medication can be filled for up to a 90 day supply
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	$1	Medication can be filled for up to a 90 day supply
niacor oral tablet 500 mg	$1	Medication can be filled for up to a 90 day supply
nicardipine hcl oral capsule 20 mg, 30 mg	$1	Medication can be filled for up to a 90 day supply
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$1	Medication can be filled for up to a 90 day supply
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$1	Medication can be filled for up to a 90 day supply
nifedipine oral capsule 10 mg, 20 mg	$1	Medication can be filled for up to a 90 day supply
nimodipine oral capsule 30 mg	$1	PA; Medication can be filled for up to a 90 day supply
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	$1	Medication can be filled for up to a 90 day supply
NITRO-BID TRANSDERMAL OINTMENT 2 %	$3.65	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	$3.65	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	$3.65	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$3.65	Medication can be filled for up to a 90 day supply
nitroglycerin translingual solution 0.4 mg/spray	$3.65	
norepinephrine bitartrate intravenous solution 1 mg/ml	Medical Benefit	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%	Medical Benefit	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	Medical Benefit	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	$3.65	
NYMALIZE ORAL SOLUTION 6 MG/ML	$3.65	PA
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$1	Medication can be filled for up to a 90 day supply
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	$3.65	
pentoxifylline er oral tablet extended release 400 mg	$3.65	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$1	Medication can be filled for up to a 90 day supply
phenoxybenzamine hcl oral capsule 10 mg	$1	
phenylephrine hcl intravenous solution 10 mg/ml	Medical Benefit	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/250ML-%, 40-0.9 MG/250ML-%	Medical Benefit	
pindolol oral tablet 10 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	Medication can be filled for up to a 90 day supply
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
prevalite oral packet 4 gm	$1	Medication can be filled for up to a 90 day supply
prevalite oral powder 4 gm/dose	$1	Medication can be filled for up to a 90 day supply
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	$3.65	Medication can be filled for up to a 90 day supply
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	$3.65	Medication can be filled for up to a 90 day supply
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	$1	Medication can be filled for up to a 90 day supply
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	$1	Medication can be filled for up to a 90 day supply
quinidine gluconate er oral tablet extended release 324 mg	$3.65	Medication can be filled for up to a 90 day supply
quinidine sulfate oral tablet 200 mg, 300 mg	$3.65	Medication can be filled for up to a 90 day supply
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	$3.65	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	$3.65	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	$3.65	PA; QL (2 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0	Medication can be filled for up to a 90 day supply
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
sotalol hcl (af) oral tablet 120 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
SOTYLIZE ORAL SOLUTION 5 MG/ML	$3.65	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
spironolactone-hctz oral tablet 25-25 mg	$1	Medication can be filled for up to a 90 day supply
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$1	Medication can be filled for up to a 90 day supply
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	$3.65	PA; QL (1 EA per 1 day)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	$1	PA; Medication can be filled for up to a 90 day supply
THALITONE ORAL TABLET 15 MG	$1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$1	Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$1	Medication can be filled for up to a 90 day supply
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	$1	Medication can be filled for up to a 90 day supply
triamterene oral capsule 100 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
triamterene-hctz oral capsule 37.5-25 mg	$1	Medication can be filled for up to a 90 day supply
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	$1	Medication can be filled for up to a 90 day supply
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$1	Medication can be filled for up to a 90 day supply
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	$1	Medication can be filled for up to a 90 day supply
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	$1	Medication can be filled for up to a 90 day supply
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	$1	Medication can be filled for up to a 90 day supply
VYNDAMAX ORAL CAPSULE 61 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	$3.65	PA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; BP; PBHMI; QL (2 EA per 1 day)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (3 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (2 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	$3.65	PA: Additional PA applies to members 2 years and under.; PBHMI; QL (4 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; BP; PBHMI; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	$3.65	PA; PBHMI; QL (1 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; BP; PBHMI; QL (1 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (40 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (3 EA per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; BP; PP; PBHMI; QL (2 EA per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	$3.65	PA: PA applies to members 2 years and under.; PBHMI
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
methamphetamine hcl oral tablet 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (5 EA per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	$3.65	PA: Additional PA requirements for members 2 years and under.; PBHMI; QL (1 EA per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (3 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; QL (30 ML per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; QL (3 EA per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (2 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (1 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	$3.65	PA: Additional PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	$3.65	PA: PA applies to members 2 years and under and 25 years and older.; PBHMI; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	$3.65	SPP; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	$3.65	SPP; QL (4 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG	$3.65	SPP; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	$3.65	SPP; BP; QL (1 ML per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	$3.65	SPP; BP; QL (0.4 ML per 1 day)
dalfampridine er oral tablet extended release 12 hour 10 mg	$3.65	SPP; PA; QL (2 EA per 1 day)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
dimethyl fumarate starter pack oral 120 & 240 mg	$3.65	SPP; PA; PP; QL (60 EA per 1 lifetime)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	$3.65	SPP; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	$3.65	SPP; PA; BP; QL (1 EA per 1 day)
glatopa solution prefilled syringe 20 mg/ml subcutaneous	$3.65	SPP; PA; QL (1 ML per 1 day)
glatopa solution prefilled syringe 40 mg/ml subcutaneous	$3.65	SPP; PA; QL (0.4 ML per 1 day)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	$3.65	SPP; PA; QL (0.4 ML per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	$3.65	SPP; PA; QL (10 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	$3.65	SPP; PA; QL (7 EA per 1 lifetime)

DRUG NAME	TIER	LIMITATIONS / *NOTES
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	$3.65	SPP; PA; QL (12 EA per 1 lifetime)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	MB/RX	SPP; PA
PONVORY ORAL TABLET 20 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	$3.65	SPP; PA; QL (1 pack per lifetime.)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	$3.65	SPP; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	$3.65	SPP; QL (4.2 ML per 1 lifetime)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	$3.65	SPP; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	$3.65	SPP; QL (4.2 ML per 1 lifetime)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	MB/RX	SPP
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	$3.65	SPP; PA; QL (7 per lifetime)
ZEPOSIA ORAL CAPSULE 0.92 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	$3.65	SPP; PA; QL (37 per lifetime)
Central Nervous System Agents - Miscellaneous		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Medical Benefit	PA: Covered under Medical Benefit with PA
AUSTEDO ORAL TABLET 12 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG, 9 MG	$3.65	SPP; PA; QL (2 EA per 1 day)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	$3.65	
EXSERVAN ORAL FILM 50 MG	$3.65	
GRALISE ORAL TABLET 300 MG, 600 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (3 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (2 EA per 1 day)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	$3.65	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	$3.65	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	$3.65	PA; QL (1 pack per lifetime.)
NUEDEXTA ORAL CAPSULE 20-10 MG	$3.65	PA

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ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Medical Benefit	PA: Covered under Medical Benefit with PA; PP
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (3 EA per 1 day)
pregabalin oral solution 20 mg/ml	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (30 ML per 1 day)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	MB/RX	PA
riluzole oral tablet 50 mg	$3.65	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$3.65	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	$3.65	QL (1 pack per lifetime.); ST
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	$3.65	PA; QL (6 ML per 30 days)
tetrabenazine oral tablet 12.5 mg	$3.65	SPP; QL (3 EA per 1 day)
tetrabenazine oral tablet 25 mg	$3.65	SPP; QL (4 EA per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	$3.65	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest dental gel 1.1 %	$3.65	
cevimeline hcl oral capsule 30 mg	$3.65	
chlorhexidine gluconate mouth/throat solution 0.12 %	$3.65	
CLINPRO 5000 DENTAL PASTE 1.1 %	$3.65	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	$3.65	
DENTAGEL DENTAL GEL 1.1 %	$3.65	
easygel dental gel 0.4 %	$3.65	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	$3.65	
FLUORIDEX DENTAL PASTE 1.1 %	$3.65	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	$3.65	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	$3.65	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	$3.65	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	$3.65	
JUST RIGHT 5000 DENTAL GEL 1.1 %	$3.65	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
lidocaine viscous hcl mouth/throat solution 2 %	$3.65	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML	$3.65	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	$3.65	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	$3.65	
NUMOISYN MOUTH/THROAT LOZENGE	$3.65	
oralone mouth/throat paste 0.1 %	$3.65	
periogard mouth/throat solution 0.12 %	$3.65	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$3.65	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	$3.65	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	$3.65	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	$3.65	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	$3.65	
PREVIDENT DENTAL GEL 1.1 %	$3.65	
sf 5000 plus dental cream 1.1 %	$3.65	
sf dental gel 1.1 %	$3.65	
sodium fluoride 5000 enamel dental gel 1.1-5 %	$3.65	
sodium fluoride 5000 plus dental cream 1.1 %	$3.65	
sodium fluoride 5000 ppm dental cream 1.1 %	$3.65	
sodium fluoride 5000 ppm dental gel 1.1 %	$3.65	
sodium fluoride 5000 ppm dental paste 1.1 %	$3.65	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	$3.65	
sodium fluoride dental cream 1.1 %	$3.65	
sodium fluoride dental gel 1.1 %	$3.65	
sodium fluoride mouth/throat solution 0.2 %	$3.65	
triamcinolone acetonide mouth/throat paste 0.1 %	$3.65	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	$3.65	PA
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$3.65	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$3.65	
adapalene external cream 0.1 %	$3.65	ST
adapalene external gel 0.1 %, 0.3 %	$3.65	ST
ala-cort external cream 1 %, 2.5 %	$3.65	
alclometasone dipropionate external cream 0.05 %	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
alclometasone dipropionate external ointment 0.05 %	$3.65	
ALTRENO EXTERNAL LOTION 0.05 %	$3.65	PA
amcinonide external lotion 0.1 %	$3.65	PA
amcinonide external ointment 0.1 %	$3.65	PA
ammonium lactate external cream 12 %	$3.65	
ammonium lactate external lotion 12 %	$3.65	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	$3.65	PA
APEXICON E EXTERNAL CREAM 0.05 %	$3.65	PA
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	$3.65	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	$3.65	
AVITA EXTERNAL CREAM 0.025 %	$3.65	PA: PA applies to members 26 years and older.
AVITA EXTERNAL GEL 0.025 %	$3.65	PA: PA applies to members 26 years and older.
azelaic acid external gel 15 %	$3.65	
AZELEX EXTERNAL CREAM 20 %	$3.65	PA; QL (30 GM per 1 fill)
BENZAC AC WASH EXTERNAL LIQUID 5 %	$3.65	
benzoyl peroxide-erythromycin external gel 5-3 %	$3.65	PA
betamethasone dipropionate aug external cream 0.05 %	$3.65	
betamethasone dipropionate aug external gel 0.05 %	$3.65	
betamethasone dipropionate aug external lotion 0.05 %	$3.65	
betamethasone dipropionate aug external ointment 0.05 %	$3.65	
betamethasone dipropionate external cream 0.05 %	$3.65	
betamethasone dipropionate external lotion 0.05 %	$3.65	
betamethasone dipropionate external ointment 0.05 %	$3.65	
betamethasone valerate external cream 0.1 %	$3.65	
betamethasone valerate external foam 0.12 %	$3.65	
betamethasone valerate external lotion 0.1 %	$3.65	
betamethasone valerate external ointment 0.1 %	$3.65	
brimonidine tartrate external gel 0.33 %	$3.65	PA
BRYHALI EXTERNAL LOTION 0.01 %	$3.65	PA
calcipotriene external cream 0.005 %	$3.65	
calcipotriene external ointment 0.005 %	$3.65	
calcipotriene external solution 0.005 %	$3.65	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	$3.65	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	$3.65	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
CALCITRENE EXTERNAL OINTMENT 0.005 %	$3.65	
calcitriol external ointment 3 mcg/gm	$3.65	
CAPEX EXTERNAL SHAMPOO 0.01 %	$3.65	PA
CELACYN EXTERNAL GEL	$3.65	
cerovel external lotion 40 %	$3.65	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$3.65	PA
clindacin etz external swab 1 %	$3.65	
clindacin external foam 1 %	$3.65	PA
clindacin-p external swab 1 %	$3.65	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	$3.65	PA
clindamycin phosphate external foam 1 %	$3.65	PA
clindamycin phosphate external gel 1 %	$3.65	
clindamycin phosphate external lotion 1 %	$3.65	
clindamycin phosphate external solution 1 %	$3.65	
clindamycin phosphate external swab 1 %	$3.65	
clobetasol prop emollient base external cream 0.05 %	$3.65	
clobetasol propionate e external cream 0.05 %	$3.65	
clobetasol propionate external cream 0.05 %	$3.65	PA
clobetasol propionate external foam 0.05 %	$3.65	
clobetasol propionate external gel 0.05 %	$3.65	PA
clobetasol propionate external liquid 0.05 %	$3.65	PA
clobetasol propionate external lotion 0.05 %	$3.65	
clobetasol propionate external ointment 0.05 %	$3.65	PA
clobetasol propionate external shampoo 0.05 %	$3.65	
clobetasol propionate external solution 0.05 %	$3.65	PA
clocortolone pivalate external cream 0.1 %	$3.65	PA
clodan external shampoo 0.05 %	$3.65	
CONDYLOX EXTERNAL GEL 0.5 %	$3.65	
COPASIL EXTERNAL GEL	$3.65	
CORDRAN EXTERNAL CREAM 0.05 %	$3.65	PA
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	$3.65	PA
dapsone external gel 5 %	$3.65	PA
dapsone external gel 7.5 %	$3.65	PA; QL (60 GM per 30 days)
DERMELLE EXTERNAL GEL	$3.65	
desonide external cream 0.05 %	$3.65	PA
desonide external lotion 0.05 %	$3.65	PA
desonide external ointment 0.05 %	$3.65	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
desoximetasone external cream 0.05 %	$3.65	PA
desoximetasone external cream 0.25 %	$3.65	
desoximetasone external gel 0.05 %	$3.65	
desoximetasone external ointment 0.05 %	$3.65	PA
desoximetasone external ointment 0.25 %	$3.65	
diclofenac sodium external gel 3 %	$3.65	QL (200 gm per 30 days; max of 90 days per year.)
DIFFERIN EXTERNAL LOTION 0.1 %	$3.65	ST
diflorasone diacetate external cream 0.05 %	$3.65	PA
diflorasone diacetate external ointment 0.05 %	$3.65	PA
doxepin hcl external cream 5 %	$3.65	QL (45 GM per 1 fill)
DRYSOL EXTERNAL SOLUTION 20 %	$3.65	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	$3.65	SPP; PA; PP; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	$3.65	SPP; PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	$3.65	SPP; PA; PP; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
ELIDEL EXTERNAL CREAM 1 %	$3.65	BP
EPIFOAM EXTERNAL FOAM 1-1 %	$3.65	
erythromycin external gel 2 %	$3.65	
erythromycin external solution 2 %	$3.65	
EUCRISA EXTERNAL OINTMENT 2 %	$3.65	PA; PP; QL (60 GM per 30 days)
FABIOR EXTERNAL FOAM 0.1 %	$3.65	PA
FINACEA EXTERNAL FOAM 15 %	$3.65	PA
fluocinolone acetonide body external oil 0.01 %	$3.65	
fluocinolone acetonide external cream 0.01 %, 0.025 %	$3.65	
fluocinolone acetonide external ointment 0.025 %	$3.65	
fluocinolone acetonide external solution 0.01 %	$3.65	
fluocinolone acetonide scalp external oil 0.01 %	$3.65	
fluocinonide external cream 0.05 %	$3.65	
fluocinonide external cream 0.1 %	$3.65	PA
fluocinonide external gel 0.05 %	$3.65	
fluocinonide external ointment 0.05 %	$3.65	
fluocinonide external solution 0.05 %	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
FLUOROPLEX EXTERNAL CREAM 1 %	$3.65	
FLUOROURACIL EXTERNAL CREAM 0.5 %	$3.65	
fluorouracil external cream 5 %	$3.65	
fluorouracil external solution 2 %, 5 %	$3.65	
flurandrenolide external cream 0.05 %	$3.65	PA
flurandrenolide external lotion 0.05 %	$3.65	PA
fluticasone propionate external cream 0.05 %	$3.65	
fluticasone propionate external lotion 0.05 %	$3.65	
fluticasone propionate external ointment 0.005 %	$3.65	
halcinonide external cream 0.1 %	$3.65	PA
halobetasol propionate external cream 0.05 %	$3.65	PA
HALOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %	$3.65	PA
halobetasol propionate external ointment 0.05 %	$3.65	PA
HALOG EXTERNAL OINTMENT 0.1 %	$3.65	PA
hydrocortisone butyrate external cream 0.1 %	$3.65	PA
hydrocortisone butyrate external lotion 0.1 %	$3.65	
hydrocortisone butyrate external ointment 0.1 %	$3.65	PA
hydrocortisone butyrate external solution 0.1 %	$3.65	PA
hydrocortisone external cream 1 %, 2.5 %	$3.65	
hydrocortisone external lotion 2.5 %	$3.65	
hydrocortisone external ointment 1 %, 2.5 %	$3.65	
hydrocortisone valerate external cream 0.2 %	$3.65	
hydrocortisone valerate external ointment 0.2 %	$3.65	
imiquimod external cream 3.75 %	$3.65	PA; QL (28 EA per 14 days)
imiquimod external cream 5 %	$3.65	
imiquimod pump cream 3.75 % external	$3.65	PA; QL (7.5 GM per 14 days)
imiquimod pump cream 3.75 % external	$3.65	PA; QL (7.5 GM per 14 days)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	$3.65	PA
ivermectin external cream 1 %	$3.65	PA
JUVAZIN EXTERNAL GEL	$3.65	
LAVARE WOUND WASH EXTERNAL GEL	$3.65	
methoxsalen rapid oral capsule 10 mg	$3.65	
metronidazole external cream 0.75 %	$3.65	
metronidazole external gel 0.75 %, 1 %	$3.65	
metronidazole external lotion 0.75 %	$3.65	
MICROCYN EXTERNAL GEL	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
MICROCYN SKIN AND WOUND EXTERNAL GEL	$3.65	
mometasone furoate external cream 0.1 %	$3.65	
mometasone furoate external ointment 0.1 %	$3.65	
mometasone furoate external solution 0.1 %	$3.65	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$3.65	PA
neuac external gel 1.2-5 %	$3.65	PA
NORITATE EXTERNAL CREAM 1 %	$3.65	PA
OPZELURA EXTERNAL CREAM 1.5 %	$3.65	PA; QL (240 GM per 30 days)
PANDEL EXTERNAL CREAM 0.1 %	$3.65	
podofilox external solution 0.5 %	$3.65	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	$3.65	
QBREXZA EXTERNAL PAD 2.4 %	$3.65	PA; QL (1 EA per 1 day)
RECEDO EXTERNAL GEL	$3.65	
REGRANEX EXTERNAL GEL 0.01 %	$3.65	
RETIN-A MICRO EXTERNAL GEL 0.04 %	$3.65	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	$3.65	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	$3.65	PA
rosadan external cream 0.75 %	$3.65	
rosadan external gel 0.75 %	$3.65	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	$3.65	QL (30 GM per 1 fill)
SCARCIN EXTERNAL GEL	$3.65	
SCARSILK EXTERNAL GEL	$3.65	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
selenium sulfide external lotion 2.5 %	$3.65	
selenium sulfide external shampoo 2.25 %, 2.3 %	$3.65	
STRATA TRIZ EXTERNAL GEL	$3.65	
sulfacetamide sodium (acne) external lotion 10 %	$3.65	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %	$3.65	
sulfacetamide sodium-sulfur external lotion 10-5 %	$3.65	
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	$3.65	PA
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	$3.65	PA
tacrolimus external ointment 0.03 %, 0.1 %	$3.65	
tazarotene external cream 0.1 %	$3.65	ST
TAZAROTENE EXTERNAL FOAM 0.1 %	$3.65	PA
tazarotene external gel 0.05 %, 0.1 %	$3.65	ST
TAZORAC EXTERNAL CREAM 0.05 %	$3.65	ST

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DRUG NAME	TIER	LIMITATIONS / *NOTES
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	$3.65	PA: PA applies to members 26 years and older.
tretinoin external gel 0.01 %, 0.025 %	$3.65	PA: PA applies to members 26 years and older.
tretinoin external gel 0.05 %	$3.65	PA
tretinoin microsphere external gel 0.04 %, 0.1 %	$3.65	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	$3.65	PA
triamcinolone acetonide external aerosol solution 0.147 mg/gm	$3.65	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	$3.65	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	$3.65	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	$3.65	
triderm external cream 0.1 %, 0.5 %	$3.65	
urea external cream 40 %	$3.65	
urea external lotion 40 %	$3.65	
VEREGEN EXTERNAL OINTMENT 15 %	$3.65	PA
VTAMA EXTERNAL CREAM 1 %	$3.65	PA
WINLEVI EXTERNAL CREAM 1 %	$3.65	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	$3.65	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$3.65	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	$3.65	PA; QL (7.5 GM per 14 days)
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	$3.65	PA; QL (6 ML per 28 days)
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	$3.65	PA; QL (3.4 ML per 30 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	$3.65	BP; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	$3.65	BP; QL (1.2 ML per 30 days)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	$3.65	PA; BP; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	$3.65	QL (1 EA per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	$1	Medication can be filled for up to a 90 day supply
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
glipizide oral tablet 10 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	$1	Medication can be filled for up to a 90 day supply
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	$3.65	PA; BP
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	$1	Medication can be filled for up to a 90 day supply
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	$1	Medication can be filled for up to a 90 day supply
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$3.65	PA; QL (1 EA per 1 day)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	$3.65	QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	$3.65	QL (2 EA per 1 day)
INVOKANA ORAL TABLET 100 MG	$3.65	QL (2 EA per 1 day)
INVOKANA ORAL TABLET 300 MG	$3.65	QL (1 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	$3.65	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	$3.65	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	$3.65	QL (2 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$3.65	
JARDIANCE ORAL TABLET 10 MG, 25 MG	$3.65	QL (1 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	$3.65	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	$3.65	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	$3.65	QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	$3.65	PA; BP; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	$3.65	BP; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	$3.65	BP; QL (1 EA per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	$1	PA; Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	$1	Medication can be filled for up to a 90 day supply
metformin hcl oral solution 500 mg/5ml	$1	PA: PA applies to members 13 years of age and older. No PA required for members 12 years of age and under.
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	$1	Medication can be filled for up to a 90 day supply
miglitol oral tablet 100 mg, 25 mg, 50 mg	$1	Medication can be filled for up to a 90 day supply
nateglinide oral tablet 120 mg, 60 mg	$1	Medication can be filled for up to a 90 day supply
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	$3.65	PA; BP; QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	$3.65	BP
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	$3.65	PA; BP; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	$3.65	PA; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	$3.65	PA; QL (15 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 8 MG/3ML	$3.65	PA; QL (1 pen per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	$3.65	PA; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	$1	Medication can be filled for up to a 90 day supply
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	$1	Medication can be filled for up to a 90 day supply
QTERN ORAL TABLET 10-5 MG, 5-5 MG	$3.65	PA; QL (1 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	$1	Medication can be filled for up to a 90 day supply
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$3.65	PA; QL (1 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	$3.65	PA; QL (2 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	$3.65	PA; QL (6 ML per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	$3.65	PA; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	$3.65	PA; QL (1 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	$3.65	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	$3.65	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	$3.65	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	$3.65	QL (2 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	$3.65	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	$3.65	PA; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	$3.65	PA; QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	$3.65	PP; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	$3.65	BP; QL (9 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	$3.65	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	$3.65	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	$3.65	PA; QL (5 ML per 30 days)
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER DEVICE	$0	PA; PP; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	$0	PA; PP; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	$0	PA; PP; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE	$0	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	$0	PA; QL (3 sensors/30 days)
FREESTYLE FREEDOM LITE KIT W/DEVICE	$0	QL (2 EA per 365 days)
FREESTYLE INSULINX TEST STRIP IN VITRO	$0	QL (10 EA per 1 day)
FREESTYLE INSULINX TEST STRIP IN VITRO	$0	PP; QL (10 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	$0	PA; PP; QL (1 EA per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	$0	PA; PP; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	$0	PA; PP; QL (1 EA per 730 days)
FREESTYLE LIBRE 2 SENSOR	$0	PA; PP; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	$0	PA; QL (Max. 2 sensors per 28 days); PP
FREESTYLE LIBRE READER DEVICE	$0	PA; PP; QL (1 EA per 365 days)
FREESTYLE LITE TEST STRIP IN VITRO	$0	QL (10 EA per 1 day)
FREESTYLE LITE TEST STRIP IN VITRO	$0	PP; QL (10 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	$0	PA; PP; QL (10 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	$0	PP; QL (10 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	$0	QL (10 EA per 1 day)
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	$3.65	PP
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	$3.65	PP
diazoxide oral suspension 50 mg/ml	$1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	$3.65	
glucagon emergency kit injection kit 1 mg	$3.65	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	$3.65	PP
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	$3.65	PP
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	$3.65	PP
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	$3.65	PP
Diabetes - Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	$3.65	PA
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML	$3.65	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML	$0	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
FIASP INJECTION SOLUTION 100 UNIT/ML	$3.65	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$3.65	PA
HUMALOG INJECTION SOLUTION 100 UNIT/ML	$3.65	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	$3.65	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	$3.65	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	$3.65	PA
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	$3.65	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$3.65	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	$3.65	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	$3.65	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$1	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	$1	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$1	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$1	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$1	PA
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	$1	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$3.65	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$1	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	$1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$1	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	$1	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	BP
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	$3.65	BP
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$3.65	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$3.65	PA
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML	$3.65	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	$3.65	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	$3.65	PA
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$3.65	PA
Electrolytes / Minerals / Metals / Vitamins		
ACTIVITE ORAL TABLET 1 MG	$3.65	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	$3.65	
airavite oral tablet 2.5-25-1 mg	$3.65	
AMINO ACID-CALCIUM-HEP IN D5W INTRAVENOUS SOLUTION 3 %	Medical Benefit	
AMLADEX ORAL TABLET	$3.65	
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	$0	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	$3.65	PA
argyle sterile water irrigation solution	$3.65	
BACMIN ORAL TABLET	$3.65	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	$0	
biocel oral tablet	$3.65	
b-plex oral tablet	$3.65	
b-plex plus oral tablet	$3.65	
carglumic acid oral tablet soluble 200 mg	$3.65	PA
CHEMET ORAL CAPSULE 100 MG	$3.65	
CORVITA ORAL TABLET	$3.65	
cyanocobalamin injection solution 1000 mcg/ml	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	$3.65	
DAYAVITE ORAL TABLET	$3.65	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	$3.65	
deferasirox oral packet 180 mg, 360 mg, 90 mg	$3.65	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	$3.65	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	$3.65	
deferiprone oral tablet 1000 mg, 500 mg	$3.65	PA
DERMACINRX MULTITAM ORAL TABLET	$3.65	
DERMACINRX RIBOTIN-E ORAL TABLET	$3.65	
DERMACINRX ZINTREXYL-C ORAL TABLET	$3.65	
DEXATRAN ORAL CAPSULE	$3.65	
DIALYVITE ORAL TABLET	$3.65	
DIALYVITE SUPREME D ORAL TABLET	$3.65	
DODEX INJECTION SOLUTION 1000 MCG/ML	$3.65	
effer-k oral tablet effervescent 25 meq	$3.65	
ELITE-OB ORAL TABLET 50-1.25 MG	$3.65	
ergocalciferol oral capsule 1.25 mg (50000 ut)	$3.65	
FERRIPROX ORAL SOLUTION 100 MG/ML	$3.65	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	$3.65	PA
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	$3.65	
fluoritab oral solution 0.275 (0.125 f) mg/drop	$3.65	
FOLAGENT DHA ORAL CAPSULE	$3.65	
FOLAMAX ORAL TABLET	$3.65	
FOLAMED DHA ORAL CAPSULE	$3.65	
folbee oral tablet 2.5-25-1 mg	$3.65	
folic acid injection solution 5 mg/ml	$3.65	
folic acid oral tablet 1 mg	$3.65	Medication can be filled for up to a 90 day supply
FOLIFLEX ORAL TABLET	$3.65	
FOLITIN-Z ORAL TABLET	$3.65	
GENICIN VITA-Q ORAL TABLET	$3.65	
GENICIN VITA-S ORAL TABLET 1 MG	$3.65	
HEMATRON-AF ORAL TABLET 150-1 MG	$3.65	
HYLAVITE ORAL TABLET	$3.65	
HYLAZINC ORAL TABLET	$3.65	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML	Medical Benefit	
iodine strong oral solution 5 %	$3.65	
JYNARQUE ORAL TABLET 15 MG, 30 MG	$3.65	SPP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	$3.65	SPP
klor-con 10 oral tablet extended release 10 meq	$3.65	
klor-con m10 oral tablet extended release 10 meq	$3.65	
klor-con m15 oral tablet extended release 15 meq	$3.65	
klor-con m20 oral tablet extended release 20 meq	$3.65	
klor-con oral packet 20 meq	$3.65	
klor-con oral tablet extended release 8 meq	$3.65	
klor-con/ef oral tablet effervescent 25 meq	$3.65	
K-PHOS NO 2 ORAL TABLET 305-700 MG	$3.65	
K-PHOS ORAL TABLET 500 MG	$3.65	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	$3.65	
k-prime oral tablet effervescent 25 meq	$3.65	
levocarnitine oral solution 1 gm/10ml	$3.65	
levocarnitine oral tablet 330 mg	$3.65	
levocarnitine sf oral solution 1 gm/10ml	$3.65	
LOKELMA ORAL PACKET 10 GM, 5 GM	$3.65	
lysiplex plus oral tablet	$3.65	
magnesium sulfate injection solution 50 %	$3.65	
MIFEPREX ORAL TABLET 200 MG	$0	
mifepristone oral tablet 200 mg	$0	
M-NATAL PLUS ORAL TABLET 27-1 MG	$3.65	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 %	$0	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 %	$0	
MULTIPRO ORAL CAPSULE	$3.65	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$3.65	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	$3.65	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	$3.65	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	$3.65	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	$3.65	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	$3.65	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	$3.65	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$3.65	
mynephrocaps oral capsule 1 mg	$3.65	
MYNEPHRON ORAL CAPSULE 1 MG	$3.65	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	$3.65	
nafrinse oral tablet chewable 2.2 (1 f) mg	$3.65	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	$3.65	
NEONATAL PLUS ORAL TABLET 27-1 MG	$3.65	
NEOVITE ORAL TABLET	$3.65	
nephronex oral tablet	$3.65	
NICADAN ORAL TABLET	$3.65	
NICAZEL FORTE ORAL TABLET	$3.65	
NICAZEL ORAL TABLET	$3.65	
normal saline flush intravenous solution 0.9 %	$0	
nufol oral tablet 2.5-25-1 mg	$3.65	
NUTRICAP ORAL TABLET	$3.65	
nutrifac zx oral tablet	$3.65	
OCUVEL ORAL CAPSULE	$3.65	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	$3.65	
ONEVITE ORAL TABLET	$3.65	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	$3.65	
phosphorous oral tablet 155-852-130 mg	$3.65	
phospho-trin 250 neutral oral tablet 155-852-130 mg	$3.65	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	$3.65	
phytonadione oral tablet 5 mg	$3.65	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	$3.65	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$3.65	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	$3.65	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	$3.65	
potassium chloride er oral capsule extended release 10 meq, 8 meq	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	$3.65	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20 MEQ/250ML	Medical Benefit	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MEQ/50ML	Medical Benefit	
potassium chloride oral packet 20 meq	$3.65	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	$3.65	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	$3.65	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION 15 MMOL/250ML	Medical Benefit	
prenatal oral tablet 27-1 mg	$3.65	
prenatal plus vitamin/mineral oral tablet 27-1 mg	$3.65	
PRENATRIX ORAL TABLET 27-1 MG	$3.65	
PRENATRYL ORAL TABLET 27-1 MG	$3.65	
PRENATVITE RX ORAL TABLET 0.8 MG	$3.65	
PROFOLA ORAL TABLET	$3.65	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	$3.65	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$3.65	
REMEDIENT ORAL CAPSULE	$3.65	
RENAL ORAL CAPSULE 1 MG	$3.65	
sod citrate-citric acid oral solution 500-334 mg/5ml	$3.65	
sodium chloride flush intravenous solution 0.9 %	$0	
sodium chloride irrigation solution 0.9 %	$3.65	PA
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	$3.65	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	$3.65	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	$3.65	
sodium polystyrene sulfonate oral powder	$3.65	
sps oral suspension 15 gm/60ml	$3.65	
sterile water for irrigation irrigation solution	$3.65	
STROVITE ONE ORAL TABLET	$3.65	
thiamine hcl injection solution 100 mg/ml	$3.65	
tolvaptan oral tablet 15 mg	$3.65	SPP; QL (1 EA per 1 day)
tolvaptan oral tablet 30 mg	$3.65	SPP; QL (2 EA per 1 day)
trientine hcl oral capsule 250 mg	$3.65	PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
trigels-f forte oral capsule 460-60-0.01-1 mg	$3.65	
TRINATE ORAL TABLET	$3.65	
triphrocaps oral capsule 1 mg	$3.65	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	$3.65	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML	$3.65	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$3.65	
TRONVITE ORAL TABLET 1 MG	$3.65	
UDAMIN SP ORAL TABLET	$3.65	
v-c forte oral capsule	$3.65	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	$3.65	
VENEXA FE ORAL TABLET	$3.65	
VENEXA ORAL TABLET	$3.65	
VENTRIXYL FE ORAL TABLET	$3.65	
VENTRIXYL ORAL TABLET	$3.65	
vic-forte oral capsule	$3.65	
virt-caps oral capsule 1 mg	$3.65	
vita s forte oral tablet	$3.65	
vitacel oral tablet	$3.65	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	$3.65	
vitamins acd-fluoride oral solution 0.25 mg/ml	$3.65	
VITAROCA PLUS ORAL TABLET	$3.65	
VITASURE ORAL TABLET 1 MG	$3.65	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	$3.65	
VITRAMYN ORAL TABLET	$3.65	
VITRANOL FE ORAL TABLET	$3.65	
VITRANOL ORAL TABLET	$3.65	
VITREXATE FE ORAL TABLET	$3.65	
VITREXATE ORAL TABLET	$3.65	
VITREXYL + IRON ORAL TABLET	$3.65	
VITREXYL ORAL TABLET	$3.65	
vp-vite rx oral tablet 1 mg	$3.65	
water for irrigation, sterile irrigation solution	$3.65	
wescaps oral capsule 1 mg	$3.65	
westab one oral tablet 2.5-25-1 mg	$3.65	
WESTAB PLUS ORAL TABLET 27-1 MG	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION 1 GM/10ML	$3.65	PA: PA applies to members 12 years of age and older
cimetidine hcl oral solution 300 mg/5ml	$3.65	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	$3.65	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	$3.65	PA
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	$3.65	PA
famotidine oral suspension reconstituted 40 mg/5ml	$3.65	
famotidine oral tablet 20 mg, 40 mg	$3.65	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	$3.65	PA: PA applies to members 14 years of age and older. No PA required for members 13 years of age and under.
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	$3.65	PA: PA applies to members 14 years of age and older. No PA required for members 13 years of age and under.
lansoprazole oral capsule delayed release 15 mg, 30 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	$3.65	PA: PA applies to members 3 years and older; Medication can be filled for up to a 90 day supply
misoprostol oral tablet 100 mcg, 200 mcg	$3.65	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	$3.65	PA
nizatidine oral capsule 150 mg, 300 mg	$3.65	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	$3.65	Medication can be filled for up to a 90 day supply
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	$3.65	PA: PA applies to members 14 years of age and older. No PA required for members 13 years of age and under.
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	$3.65	PA; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	$3.65	PA; QL (1 EA per 1 day)
pantoprazole sodium intravenous solution reconstituted 40 mg	Medical Benefit	
pantoprazole sodium oral packet 40 mg	$3.65	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	$3.65	Medication can be filled for up to a 90 day supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	$3.65	PA
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	$3.65	PA
rabeprazole sodium oral tablet delayed release 20 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
sucralfate oral tablet 1 gm	$3.65	Medication can be filled for up to a 90 day supply
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl oral tablet 0.5 mg, 1 mg	$3.65	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	$3.65	PA; QL (2 EA per 1 day)
amoxicill-clarithro-lansopraz oral	$3.65	
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	$3.65	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML	Medical Benefit	
BILAC ORAL CAPSULE	$3.65	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
constulose oral solution 10 gm/15ml	$3.65	
cromolyn sodium oral concentrate 100 mg/5ml	$3.65	
DERMACINRX PROBISOL ORAL CAPSULE	$3.65	
DERMACINRX PROBITRAN ORAL CAPSULE	$3.65	
dicyclomine hcl oral capsule 10 mg	$3.65	
dicyclomine hcl oral solution 10 mg/5ml	$3.65	
dicyclomine hcl oral tablet 20 mg	$3.65	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	$3.65	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$3.65	
enulose oral solution 10 gm/15ml	$3.65	
GATTEX SUBCUTANEOUS KIT 5 MG	$3.65	
gavilyte-c oral solution reconstituted 240 gm	$0	
gavilyte-g oral solution reconstituted 236 gm	$0	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	$0	
generlac oral solution 10 gm/15ml	$3.65	
glycopyrrolate oral solution 1 mg/5ml	$3.65	
glycopyrrolate oral tablet 1 mg, 2 mg	$3.65	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	$3.65	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
hyoscyamine sulfate oral solution 0.125 mg/ml	$3.65	
hyoscyamine sulfate oral tablet 0.125 mg	$3.65	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	$3.65	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	$3.65	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	$3.65	
LACTEROL ORAL CAPSULE	$3.65	
lactulose encephalopathy oral solution 10 gm/15ml	$3.65	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	$3.65	
loperamide hcl oral capsule 2 mg	$3.65	
lubiprostone oral capsule 24 mcg, 8 mcg	$3.65	QL (2 EA per 1 day)
mineral oil heavy oral oil	$3.65	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$3.65	PA
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	$0	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	$3.65	
opium oral tincture 10 mg/ml (1%)	$3.65	
OSMOPREP ORAL TABLET 1.102-0.398 GM	$0	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0	
peg-3350/electrolytes oral solution reconstituted 236 gm	$0	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	$0	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	$0	
PROBINATE ORAL CAPSULE	$3.65	
PROMELLA IN PREBIOTIC ORAL CAPSULE	$3.65	
PYLERA ORAL CAPSULE 140-125-125 MG	$3.65	
RELISTOR ORAL TABLET 150 MG	$3.65	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	$3.65	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	$3.65	SPP; PA
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	$0	
SYMPROIC ORAL TABLET 0.2 MG	$3.65	PA
ursodiol oral capsule 300 mg	$3.65	
ursodiol oral tablet 250 mg, 500 mg	$3.65	
VIBERZI ORAL TABLET 100 MG, 75 MG	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XERMELO ORAL TABLET 250 MG	$3.65	PA
XYBIOTIC ORAL CAPSULE	$3.65	
ZELAC ORAL CAPSULE	$3.65	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	$3.65	SPP; PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	MB/RX	SPP; PA
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
BRINEURA KIT 2 X 150 MG/5ML	MB/RX	PA
CERDELGA ORAL CAPSULE 84 MG	$3.65	SPP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	MB/RX	SPP; PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	$3.65	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	$3.65	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	MB/RX	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$3.65	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	MB/RX	SPP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	MB/RX	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	$3.65	PA; QL (Max. 5 mg per Day.)
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Medical Benefit	PA: Covered under Medical Benefit with PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	MB/RX	SPP; PA
GALAFOLD ORAL CAPSULE 123 MG	$3.65	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Medical Benefit	PA: Covered under Medical Benefit with PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB/RX	SPP
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	$3.65	PA; QL (1 EA per 1 day)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	MB/RX	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	$3.65	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	$3.65	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
OCALIVA ORAL TABLET 10 MG, 5 MG	$3.65	PA; QL (1 EA per 1 day)
ORFADIN ORAL CAPSULE 20 MG	$3.65	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	$3.65	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	$3.65	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	$3.65	PA; QL (1 ML per 1 day)
RAVICTI ORAL LIQUID 1.1 GM/ML	$3.65	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	$3.65	SPP; PA
sapropterin dihydrochloride oral tablet 100 mg	$3.65	SPP; PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML	$3.65	PA; QL (10.8 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML	$3.65	PA; QL (16.8 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	$3.65	PA; QL (24 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML	$3.65	PA; QL (19.2 ML per 28 days)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	$3.65	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	MB/RX	SPP; PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
XURIDEN ORAL PACKET 2 GM	$3.65	PA; QL (4 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	$3.65	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	$3.65	PA
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$3.65	
calcium acetate (phos binder) oral capsule 667 mg	$3.65	Medication can be filled for up to a 90 day supply
calcium acetate (phos binder) oral tablet 667 mg	$3.65	Medication can be filled for up to a 90 day supply
calcium acetate oral tablet 667 mg	$3.65	Medication can be filled for up to a 90 day supply

DRUG NAME	TIER	LIMITATIONS / *NOTES
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
DEPEN TITRATABS ORAL TABLET 250 MG	$3.65	
ELMIRON ORAL CAPSULE 100 MG	$3.65	
ENTADFI ORAL CAPSULE 5-5 MG	$3.65	PA; QL (1 EA per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	$3.65	PA
flavoxate hcl oral tablet 100 mg	$3.65	Medication can be filled for up to a 90 day supply
FOSRENOL ORAL PACKET 1000 MG, 750 MG	$3.65	
GELNIQUE TRANSDERMAL GEL 10 %	$3.65	PA
GEMTESA ORAL TABLET 75 MG	$3.65	PA
HYOPHEN ORAL TABLET 81.6 MG	$3.65	
INTRAROSA VAGINAL INSERT 6.5 MG	$3.65	PA
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	$3.65	
me/naphos/mb/hyo1 oral tablet 81.6 mg	$3.65	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	$3.65	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	$3.65	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Medical Benefit	PA: Covered under Medical Benefit with PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
oxybutynin chloride oral syrup 5 mg/5ml	$3.65	Medication can be filled for up to a 90 day supply
oxybutynin chloride oral tablet 5 mg	$3.65	Medication can be filled for up to a 90 day supply
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	$3.65	PA
penicillamine oral capsule 250 mg	$3.65	
phenazo oral tablet 200 mg	$3.65	
phenazopyridine hcl oral tablet 100 mg, 200 mg	$3.65	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	$3.65	
PHOSPHASAL ORAL TABLET 81.6 MG	$3.65	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	$3.65	
sevelamer carbonate oral tablet 800 mg	$3.65	
sevelamer hcl oral tablet 400 mg, 800 mg	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
solifenacin succinate oral tablet 10 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
tadalafil oral tablet 5 mg	$3.65	PA; QL (1 EA per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	$3.65	Medication can be filled for up to a 90 day supply
tolterodine tartrate oral tablet 1 mg, 2 mg	$3.65	Medication can be filled for up to a 90 day supply
trospium chloride er oral capsule extended release 24 hour 60 mg	$3.65	Medication can be filled for up to a 90 day supply
trospium chloride oral tablet 20 mg	$3.65	Medication can be filled for up to a 90 day supply
URIMAR-T ORAL TABLET 120 MG	$3.65	
urin ds oral tablet 81.6 mg	$3.65	
UROGESIC-BLUE ORAL TABLET 81.6 MG	$3.65	
UTIRA-C ORAL TABLET 81.6 MG	$3.65	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	$3.65	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	$3.65	Medication can be filled for up to a 90 day supply
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	$3.65	
dutasteride oral capsule 0.5 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	$3.65	Medication can be filled for up to a 90 day supply
silodosin oral capsule 4 mg, 8 mg	$3.65	PA; Medication can be filled for up to a 90 day supply
tamsulosin hcl oral capsule 0.4 mg	$3.65	Medication can be filled for up to a 90 day supply
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$1	Medication can be filled for up to a 90 day supply
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	$3.65	
dexamethasone oral elixir 0.5 mg/5ml	$3.65	
dexamethasone oral solution 0.5 mg/5ml	$3.65	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$3.65	
dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	$3.65	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	$3.65	PA; QL (1 EA per 1 day)
fludrocortisone acetate oral tablet 0.1 mg	$3.65	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$3.65	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	$3.65	
MEDROL ORAL TABLET 2 MG	$3.65	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$3.65	
methylprednisolone oral tablet therapy pack 4 mg	$3.65	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	$3.65	
MILLIPRED ORAL TABLET 5 MG	$3.65	
prednisolone oral solution 15 mg/5ml	$3.65	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	$3.65	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	$3.65	
prednisolone sodium phosphate solution 25 mg/5ml oral	$3.65	
prednisone intensol oral concentrate 5 mg/ml	$3.65	
prednisone oral solution 5 mg/5ml	$3.65	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$3.65	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	$3.65	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG	$3.65	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	$3.65	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Medical Benefit	PA: Covered under Medical Benefit with PA
danazol oral capsule 100 mg, 200 mg, 50 mg	$3.65	
JATENZO ORAL CAPSULE 158 MG, 237 MG	$3.65	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	$3.65	PA; QL (4 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	$3.65	PA
METHITEST ORAL TABLET 10 MG	$3.65	PA
methyltestosterone oral capsule 10 mg	$3.65	PA
oxandrolone oral tablet 10 mg, 2.5 mg	$3.65	PA
TESTOPEL IMPLANT PELLET 75 MG	Medical Benefit	PA: Covered under Medical Benefit with PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	$3.65	
testosterone enanthate intramuscular solution 200 mg/ml	$3.65	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	$3.65	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	$3.65	
testosterone transdermal solution 30 mg/act	$3.65	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	$3.65	PA
Hormonal Agents - Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	$3.65	SPP; PA
cabergoline oral tablet 0.5 mg	$3.65	
desmopressin ace spray refrig nasal solution 0.01 %	$3.65	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	$3.65	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	$3.65	
desmopressin acetate spray nasal solution 0.01 %	$3.65	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	$3.65	SPP; PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	MB/RX	SPP
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	MB/RX	SPP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	$3.65	SPP; PA; PP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	$3.65	SPP; PA; PP
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	$3.65	SPP; PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	$3.65	SPP; PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	$3.65	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	MB/RX	SPP; QL (0.5 ML per 28 days)
leuprolide acetate injection kit 1 mg/0.2ml	MB/RX	SPP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	MB/RX	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	MB/RX	SPP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	MB/RX	SPP; PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	MB/RX	SPP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG	MB/RX	SPP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG	MB/RX	SPP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	MB/RX	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG	MB/RX	PA
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	$3.65	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	$3.65	SPP; PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	$3.65	SPP; PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	$3.65	SPP; PA; QL (1 ML per 1 day)
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	$3.65	SPP; PA; QL (3 ML per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	$3.65	SPP; PA
ORILISSA ORAL TABLET 150 MG	$3.65	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	$3.65	PA; QL (2 EA per 1 day)
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	$3.65	SPP; PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	$3.65	SPP; PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	MB/RX	SPP; PA; QL (1 EA per 28 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	MB/RX	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	$3.65	PA; QL (2 ML per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	$3.65	SPP; PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	MB/RX	SPP; QL (0.5 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	MB/RX	SPP; QL (0.2 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	MB/RX	SPP; QL (0.3 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	MB/RX	SPP; PA
SYNAREL NASAL SOLUTION 2 MG/ML	$3.65	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	MB/RX	SPP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	MB/RX	
VASOPRESSIN INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 UNIT/5ML	Medical Benefit	
VASOPRESSIN-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 2-0.9 UNIT/2ML-%	Medical Benefit	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%	Medical Benefit	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	MB/RX	SPP; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	MB/RX	SPP; QL (1 EA per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	$3.65	SPP; PA
Hormonal Agents - Prostaglandins		
KORLYM ORAL TABLET 300 MG	$3.65	PA
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	$3.65	PA
raloxifene hcl oral tablet 60 mg	$0	Medication can be filled for up to a 90 day supply
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle oral tablet 0.1-20 mg-mcg	$0	
altavera oral tablet 0.15-30 mg-mcg	$0	
alyacen 1/35 oral tablet 1-35 mg-mcg	$0	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	$3.65	Medication can be filled for up to a 90 day supply
amethia lo oral tablet 0.1-0.02 & 0.01 mg	$0	

DRUG NAME	TIER	LIMITATIONS / *NOTES
amethia oral tablet 0.15-0.03 &0.01 mg	$0	
amethyst oral tablet 90-20 mcg	$0	
apri oral tablet 0.15-30 mg-mcg	$0	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	$0	
ashlyna oral tablet 0.15-0.03 &0.01 mg	$0	
aubra eq oral tablet 0.1-20 mg-mcg	$0	
aubra oral tablet 0.1-20 mg-mcg	$0	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
aurovela 1/20 oral tablet 1-20 mg-mcg	$0	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	$0	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	$0	
aviane oral tablet 0.1-20 mg-mcg	$0	
ayuna oral tablet 0.15-30 mg-mcg	$0	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
balziva oral tablet 0.4-35 mg-mcg	$0	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	$0	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	$0	
briellyn oral tablet 0.4-35 mg-mcg	$0	
camila oral tablet 0.35 mg	$0	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	$0	
camrese oral tablet 0.15-0.03 &0.01 mg	$0	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	$0	
chateal eq oral tablet 0.15-30 mg-mcg	$0	
chateal oral tablet 0.15-30 mg-mcg	$0	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	$3.65	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	$3.65	
CRINONE VAGINAL GEL 8 %	$3.65	PA
cryselle-28 oral tablet 0.3-30 mg-mcg	$0	
cyclafem 1/35 oral tablet 1-35 mg-mcg	$0	
cyred eq oral tablet 0.15-30 mg-mcg	$0	
cyred oral tablet 0.15-30 mg-mcg	$0	
dasetta 1/35 oral tablet 1-35 mg-mcg	$0	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	
daysee oral tablet 0.15-0.03 &0.01 mg	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
deblitane oral tablet 0.35 mg	$0	
delyla oral tablet 0.1-20 mg-mcg	$0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$3.65	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	$0	
dolishale oral tablet 90-20 mcg	$0	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$3.65	Medication can be filled for up to a 90 day supply
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	
DUAVEE ORAL TABLET 0.45-20 MG	$3.65	
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %	$3.65	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	$3.65	
elinest oral tablet 0.3-30 mg-mcg	$0	
ELLA ORAL TABLET 30 MG	$0	
eluryng vaginal ring 0.12-0.015 mg/24hr	$0	
emoquette oral tablet 0.15-30 mg-mcg	$0	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	$0	
enskyce oral tablet 0.15-30 mg-mcg	$0	
errin oral tablet 0.35 mg	$0	
estarylla oral tablet 0.25-35 mg-mcg	$0	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$3.65	Medication can be filled for up to a 90 day supply
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	$3.65	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$3.65	Medication can be filled for up to a 90 day supply
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$3.65	Medication can be filled for up to a 90 day supply
estradiol vaginal cream 0.1 mg/gm	$3.65	
estradiol vaginal tablet 10 mcg	$3.65	
estradiol valerate intramuscular oil 40 mg/ml	$3.65	

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estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$3.65	Medication can be filled for up to a 90 day supply
ESTRING VAGINAL RING 2 MG	$3.65	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	$3.65	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	$3.65	
falmina oral tablet 0.1-20 mg-mcg	$0	
fayosim oral tablet 42-21-21-7 days	$0	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	$3.65	
femynor oral tablet 0.25-35 mg-mcg	$0	
finzala oral tablet chewable 1-20 mg-mcg(24)	$0	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0	Medication can be filled for up to a 90 day supply
gemmily oral capsule 1-20 mg-mcg(24)	$0	
gianvi oral tablet 3-0.02 mg	$0	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	$0	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
hailey fe 1/20 oral tablet 1-20 mg-mcg	$0	
haloette vaginal ring 0.12-0.015 mg/24hr	$0	
heather oral tablet 0.35 mg	$0	
hydroxyprogesterone caproate oil 250 mg/ml intramuscular	MB/RX	QL (1 ML per 7 days)
hydroxyprogesterone caproate oil 250 mg/ml intramuscular	MB/RX	SPP; QL (1 ML per 7 days)
iclevia oral tablet 0.15-0.03 mg	$0	
incassia oral tablet 0.35 mg	$0	
introvale oral tablet 0.15-0.03 mg	$0	
isibloom oral tablet 0.15-30 mg-mcg	$0	
jaimiess oral tablet 0.15-0.03 &0.01 mg	$0	
jasmiel oral tablet 3-0.02 mg	$0	
jencycla oral tablet 0.35 mg	$0	
jinteli oral tablet 1-5 mg-mcg	$0	Medication can be filled for up to a 90 day supply
jolessa oral tablet 0.15-0.03 mg	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
juleber oral tablet 0.15-30 mg-mcg	$0	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
junel 1/20 oral tablet 1-20 mg-mcg	$0	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
junel fe 1/20 oral tablet 1-20 mg-mcg	$0	
junel fe 24 oral tablet 1-20 mg-mcg(24)	$0	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	$0	
kalliga oral tablet 0.15-30 mg-mcg	$0	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
kelnor 1/35 oral tablet 1-35 mg-mcg	$0	
kelnor 1/50 oral tablet 1-50 mg-mcg	$0	
kurvelo oral tablet 0.15-30 mg-mcg	$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Medical Benefit	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
larin 1/20 oral tablet 1-20 mg-mcg	$0	
larin 24 fe oral tablet 1-20 mg-mcg(24)	$0	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
larin fe 1/20 oral tablet 1-20 mg-mcg	$0	
larissia oral tablet 0.1-20 mg-mcg	$0	
layolis fe oral tablet chewable 0.8-25 mg-mcg	$0	
leena oral tablet 0.5/1/0.5-35 mg-mcg	$0	
lessina oral tablet 0.1-20 mg-mcg	$0	
levonest oral tablet 50-30/75-40/ 125-30 mcg	$0	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	$0	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	$0	
lillow oral tablet 0.15-30 mg-mcg	$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	$0	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	$0	
loryna oral tablet 3-0.02 mg	$0	
low-ogestrel oral tablet 0.3-30 mg-mcg	$0	
lo-zumandimine oral tablet 3-0.02 mg	$0	

DRUG NAME	TIER	LIMITATIONS / *NOTES
lutera oral tablet 0.1-20 mg-mcg	$0	
lyleq oral tablet 0.35 mg	$0	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$3.65	Medication can be filled for up to a 90 day supply
lyza oral tablet 0.35 mg	$0	
marlissa oral tablet 0.15-30 mg-mcg	$0	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$3.65	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$3.65	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	$3.65	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml	$3.65	
megestrol acetate oral tablet 20 mg, 40 mg	$3.65	
merzee oral capsule 1-20 mg-mcg(24)	$0	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
microgestin 1/20 oral tablet 1-20 mg-mcg	$0	
microgestin 24 fe oral tablet 1-20 mg-mcg	$0	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	$0	
mili oral tablet 0.25-35 mg-mcg	$0	
mimvey oral tablet 1-0.5 mg	$3.65	Medication can be filled for up to a 90 day supply
mono-linyah oral tablet 0.25-35 mg-mcg	$0	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	$3.65	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	$0	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	
nikki oral tablet 3-0.02 mg	$0	
nora-be oral tablet 0.35 mg	$0	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	$0	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0	
norethindrone acetate oral tablet 5 mg	$3.65	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	
norethindrone oral tablet 0.35 mg	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0	Medication can be filled for up to a 90 day supply
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0	
norlyda oral tablet 0.35 mg	$0	
norlyroc oral tablet 0.35 mg	$0	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	$0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	
nylia 1/35 oral tablet 1-35 mg-mcg	$0	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	
nymyo oral tablet 0.25-35 mg-mcg	$0	
ocella oral tablet 3-0.03 mg	$0	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	$3.65	PA; QL (2 EA per 1 day)
orsythia oral tablet 0.1-20 mg-mcg	$0	
philith oral tablet 0.4-35 mg-mcg	$0	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
pirmella 1/35 oral tablet 1-35 mg-mcg	$0	
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	
portia-28 oral tablet 0.15-30 mg-mcg	$0	
PREMARIN VAGINAL CREAM 0.625 MG/GM	$3.65	
PREMPHASE ORAL TABLET 0.625-5 MG	$3.65	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	$3.65	
previfem oral tablet 0.25-35 mg-mcg	$0	
progesterone intramuscular oil 50 mg/ml	$3.65	PA
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	$3.65	
progesterone oral capsule 100 mg, 200 mg	$3.65	
reclipsen oral tablet 0.15-30 mg-mcg	$0	
rivelsa oral tablet 42-21-21-7 days	$0	
setlakin oral tablet 0.15-0.03 mg	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
sharobel oral tablet 0.35 mg	$0	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
simpesse oral tablet 0.15-0.03 &0.01 mg	$0	
sprintec 28 oral tablet 0.25-35 mg-mcg	$0	
sronyx oral tablet 0.1-20 mg-mcg	$0	
syeda oral tablet 3-0.03 mg	$0	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	$0	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	$0	
tarina fe 1/20 oral tablet 1-20 mg-mcg	$0	
taysofy oral capsule 1-20 mg-mcg(24)	$0	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	$0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	
tulana oral tablet 0.35 mg	$0	
tydemy oral tablet 3-0.03-0.451 mg	$0	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	$0	
vestura oral tablet 3-0.02 mg	$0	
vienva oral tablet 0.1-20 mg-mcg	$0	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	
vyfemla oral tablet 0.4-35 mg-mcg	$0	
vylibra oral tablet 0.25-35 mg-mcg	$0	
wera oral tablet 0.5-35 mg-mcg	$0	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	$0	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
xulane transdermal patch weekly 150-35 mcg/24hr	$0	
yuvafem vaginal tablet 10 mcg	$3.65	
zafemy transdermal patch weekly 150-35 mcg/24hr	$0	
zarah oral tablet 3-0.03 mg	$0	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	$0	
zumandimine oral tablet 3-0.03 mg	$0	
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	$3.65	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	$3.65	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$3.65	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$3.65	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$3.65	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$3.65	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	$3.65	
methimazole oral tablet 10 mg, 5 mg	$3.65	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	$3.65	
propylthiouracil oral tablet 50 mg	$3.65	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$3.65	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	$3.65	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$3.65	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	$3.65	SPP; PA; QL (3.6 ML per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Medical Benefit	PA: Covered under Medical Benefit with PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	$3.65	SPP; PA; QL (3.6 ML per 28 days)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	$3.65	SPP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	MB/RX	SPP
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	$3.65	PA; QL (4 EA per 28 days)
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	$3.65	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
azathioprine oral tablet 50 mg	$3.65	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	MB/RX	SPP; PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	$3.65	SPP; PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	$3.65	SPP; PA
BERINERT INTRAVENOUS KIT 500 UNIT	MB/RX	SPP
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS	MB/RX	PA: PA applies to members 18 years of age and older.
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	$3.65	SPP; PA; QL (2 EA per 28 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	SPP; PA
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/20ML	Medical Benefit	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$3.65	SPP; PA; QL (2 ML per 28 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$3.65	SPP; PA; QL (1 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$3.65	SPP; PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$3.65	SPP; PA; QL (1 ML per 28 days)
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
cyclosporine intravenous solution 50 mg/ml	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$3.65	
cyclosporine modified oral solution 100 mg/ml	$3.65	
cyclosporine oral capsule 100 mg, 25 mg	$3.65	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	MB/RX	SPP; PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	$3.65	SPP; PA; PP; QL (4 ML per 28 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	$3.65	SPP; PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	$3.65	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMASTAN INTRAMUSCULAR INJECTABLE	MB/RX	SPP; PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
gengraf oral capsule 100 mg, 25 mg	$3.65	
gengraf oral solution 100 mg/ml	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	$3.65	SPP; PA; QL (40 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	$3.65	SPP; PA; QL (27 EA per 30 days)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA: PA applies to members 18 years of age and older.
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	$3.65	SPP; PA; PP; QL (3 EA per 1 lifetime)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	$3.65	SPP; PA; PP; QL (2 EA per 1 lifetime)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	$3.65	SPP; PA; PP; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	$3.65	SPP; PA; PP; QL (6 EA per 1 lifetime)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$3.65	SPP; PA; PP; QL (3 EA per 1 lifetime)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$3.65	SPP; PA; PP; QL (4 EA per 1 lifetime)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	$3.65	SPP; PA; PP; QL (4 EA per 1 lifetime)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	$3.65	SPP; PA; PP; QL (3 EA per 1 lifetime)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	$3.65	SPP; PA; PP; QL (2 EA per 28 days)
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
icatibant acetate subcutaneous solution 30 mg/3ml	$3.65	SPP; PA; QL (6 ML per 1 fill)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	MB/RX	SPP; PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Medical Benefit	PA: Covered under Medical Benefit with PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	$3.65	SPP; PA; QL (2.28 ML per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	$3.65	SPP; PA; QL (2.28 ML per 30 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	$3.65	PA; QL (18.76 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	$3.65	
LUPKYNIS ORAL CAPSULE 7.9 MG	$3.65	PA
methotrexate oral tablet 2.5 mg	$3.65	
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	$3.65	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	$3.65	
methotrexate sodium oral tablet 2.5 mg	$3.65	
mycophenolate mofetil oral capsule 250 mg	$3.65	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	$3.65	
mycophenolate mofetil oral tablet 500 mg	$3.65	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	$3.65	
NEORAL ORAL CAPSULE 100 MG, 25 MG	$3.65	
NEORAL ORAL SOLUTION 100 MG/ML	$3.65	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	$3.65	SPP; PA; QL (1 EA per day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	$3.65	SPP; PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	$3.65	SPP; PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	$3.65	SPP; PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	$3.65	SPP; PA; QL (2.8 ML per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	$3.65	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET 30 MG	$3.65	SPP; PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	$3.65	SPP; PA; QL (55 EA per 1 lifetime)
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.

DRUG NAME	TIER	LIMITATIONS / *NOTES
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	$3.65	
PROGRAF ORAL PACKET 1 MG	$3.65	
RAPAMUNE ORAL SOLUTION 1 MG/ML	$3.65	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
REZUROCK ORAL TABLET 200 MG	$3.65	PA
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	MB/RX	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	MB/RX	
sajazir subcutaneous solution 30 mg/3ml	$3.65	PA; QL (6 ML per 1 fill)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$3.65	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	$3.65	SPP; PA; QL (Max. 2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Medical Benefit	PA: Covered under Medical Benefit with PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	$3.65	SPP; PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	$3.65	SPP; PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$3.65	SPP; PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	$3.65	SPP; PA; QL (0.5 ML per 28 days)
sirolimus oral solution 1 mg/ml	$3.65	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$3.65	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	$3.65	SPP; PA; QL (2 EA per 84 days)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Medical Benefit	SPP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$3.65	SPP; PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	$3.65	SPP; PA; QL (2 injections/56 days)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	$3.65	SPP; PA; QL (2.4 mL per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$3.65	SPP; PA; QL (2 ML per 84 days)
SOTYKTU ORAL TABLET 6 MG	$3.65	SPP; PA; QL (1 EA per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	Medical Benefit	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Medical Benefit	SPP; PA: Covered under Medical Benefit with PA; PP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$3.65	SPP; PA; PP; QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	$3.65	SPP; PA; PP; QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	$3.65	SPP; PA; PP; QL (1 ML per 84 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	$0	PA; QL (2 ML per 1 fill)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$3.65	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	$3.65	SPP; PA; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	$3.65	SPP; PA; QL (4 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	$3.65	SPP; PA; PP; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	$3.65	SPP; PA; PP; QL (1 ML per 28 days)
temsirolimus intravenous solution 25 mg/ml	Medical Benefit	
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	MB/RX	SPP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	$3.65	SPP; PA; QL (1 ML per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$3.65	SPP; PA; QL (1 ML per 54 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	$3.65	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA: Covered under Medical Benefit with PA
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	MB/RX	SPP
XATMEP ORAL SOLUTION 2.5 MG/ML	$3.65	PA
XELJANZ ORAL SOLUTION 1 MG/ML	$3.65	SPP; PA; PP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	$3.65	SPP; PA; PP; QL (1 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	$3.65	SPP; PA; PP; QL (1 EA per 1 day)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	SPP; PA: PA applies to members 18 years of age and older.
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	MB/RX	
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	$0	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	$0	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	$0	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	
FLUMIST QUADRIVALENT NASAL SUSPENSION	$0	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	$0	
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	$3.65	
budesonide er oral tablet extended release 24 hour 9 mg	$3.65	PA
budesonide oral capsule delayed release particles 3 mg	$3.65	
CORTIFOAM EXTERNAL FOAM 10 %	$3.65	
hydrocortisone (perianal) external cream 1 %, 2.5 %	$3.65	
hydrocortisone ace-pramoxine external cream 1-1 %	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
hydrocortisone rectal enema 100 mg/60ml	$3.65	
mesalamine oral tablet delayed release 1.2 gm	$3.65	Medication can be filled for up to a 90 day supply
mesalamine oral tablet delayed release 800 mg	$3.65	
mesalamine rectal enema 4 gm	$3.65	
mesalamine rectal suppository 1000 mg	$3.65	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	$3.65	PA
procto-med hc external cream 2.5 %	$3.65	
procto-pak external cream 1 %	$3.65	
proctosol hc external cream 2.5 %	$3.65	
proctozone-hc external cream 2.5 %	$3.65	
SFROWASA RECTAL ENEMA 4 GM/60ML	$3.65	
sulfasalazine oral tablet 500 mg	$3.65	Medication can be filled for up to a 90 day supply
sulfasalazine oral tablet delayed release 500 mg	$3.65	Medication can be filled for up to a 90 day supply
UCERIS RECTAL FOAM 2 MG/ACT	$3.65	PA
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	$3.65	Medication can be filled for up to a 90 day supply; QL (4 EA per 28 days)
calcitonin (salmon) nasal solution 200 unit/act	$3.65	Medication can be filled for up to a 90 day supply
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	MB/RX	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	$3.65	PA; QL (4 EA per 28 days)
ibandronate sodium intravenous solution 3 mg/3ml	MB/RX	QL (3 ML per 90 days)
ibandronate sodium oral tablet 150 mg	$3.65	Medication can be filled for up to a 90 day supply; QL (3 EA per 84 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	$3.65	
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	MB/RX	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	MB/RX	SPP; PA; QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (3 EA per 90 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
risedronate sodium oral tablet 30 mg, 5 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (12 EA per 84 days)
risedronate sodium oral tablet delayed release 35 mg	$3.65	PA; Medication can be filled for up to a 90 day supply; QL (12 EA per 84 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	$3.65	PA; QL (0.083 ML per 1 day)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	$3.65	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	MB/RX	SPP; PA; QL (0.057 ML per 1 day)
zoledronic acid intravenous concentrate 4 mg/5ml	MB/RX	SPP
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	MB/RX	SPP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$3.65	Medication can be filled for up to a 90 day supply
calcitriol oral solution 1 mcg/ml	$3.65	Medication can be filled for up to a 90 day supply
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	$3.65	ST
doxercalciferol intravenous solution 4 mcg/2ml	MB/RX	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$3.65	Medication can be filled for up to a 90 day supply
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	$3.65	QL (2 EA per 21 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$3.65	PA
Miscellaneous Therapeutic Agents		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	$0	
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA: Covered under Medical Benefit with PA
AEROCHAMBER MINI CHAMBER DEVICE	$0	QL (4 units per year)
AEROCHAMBER MV	$0	QL (4 units per year)
AEROCHAMBER PLUS FLO-VU	$0	QL (4 units per year)
AEROCHAMBER PLUS FLOW VU	$0	QL (4 units per year)
AEROCHAMBER W/FLOWSIGNAL	$0	QL (4 units per year)
AEROGEAR ACTION ASTHMA KIT KIT	$0	QL (4 EA per 1 calendar year)
BARD PISTON ENT IRRIGATION SYR	$0	
BD ECLIPSE NEEDLE 25G X 1"	$0	

DRUG NAME	TIER	LIMITATIONS / *NOTES
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Medical Benefit	PA: Covered under Medical Benefit with PA
BREATHE EASE LARGE DEVICE	$0	QL (4 units per year)
BREATHE EASE MEDIUM DEVICE	$0	QL (4 units per year)
BREATHE EASE SMALL DEVICE	$0	QL (4 units per year)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	$3.65	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	$3.65	PA
CAREPOINT SYRINGE LUER LOCK 1 ML	$0	
CLEVER CHOICE HOLDING CHAMBER DEVICE	$0	QL (4 units per year)
COMPACT SPACE CHAMBER DEVICE	$0	QL (4 units per year)
COMPACT SPACE CHAMBER/LG MASK DEVICE	$0	QL (4 units per year)
COMPACT SPACE CHAMBER/MED MASK DEVICE	$0	QL (4 units per year)
COMPACT SPACE CHAMBER/SM MASK DEVICE	$0	QL (4 units per year)
DEFLUX METAL NEEDLE 23G X 350MM	$0	
DOJOLVI ORAL LIQUID 100 %	$3.65	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Medical Benefit	PA: Covered under Medical Benefit with PA
EASIVENT	$0	QL (4 units per year)
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	$0	
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML	Medical Benefit	
ENDARI ORAL PACKET 5 GM	$3.65	PA
ENDO AVITENE EXTERNAL	$0	
ENEMA BOTTLE	$0	
ENU NUTRITIONAL SHAKE ORAL LIQUID	$3.65	
ENU PRO3 PLUS ORAL POWDER	$3.65	
EQUACARE JR ORAL POWDER	$3.65	
ergoloid mesylates oral tablet 1 mg	$3.65	
ESSENTIAL CARE JR ORAL POWDER	$3.65	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
FIBERSOURCE HN ORAL LIQUID	$3.65	
FIRDAPSE ORAL TABLET 10 MG	$3.65	PA
FLEXICHAMBER ADULT MASK/SMALL	$0	QL (4 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE	$0	QL (4 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL	$0	QL (4 EA per 365 days)
FLEXICHAMBER DEVICE	$0	QL (4 units per year)

DRUG NAME	TIER	LIMITATIONS / *NOTES
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Medical Benefit	PA: Covered under Medical Benefit with PA; PP
GLYTACTIN BETTERMILK 15 ORAL PACKET	$3.65	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	$3.65	
GLYTACTIN BUILD 10PE ORAL PACKET	$3.65	
GLYTACTIN BUILD 20/20 ORAL PACKET	$3.65	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	$3.65	
GLYTACTIN BURST ORAL PACKET	$3.65	
GLYTACTIN RESTORE 10 ORAL LIQUID	$3.65	
GLYTACTIN RESTORE 5 ORAL PACKET	$3.65	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	$3.65	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	$3.65	
GLYTACTIN RTD 10 ORAL LIQUID	$3.65	
GLYTACTIN RTD 15 ORAL LIQUID	$3.65	
GLYTACTIN RTD LITE 15 ORAL LIQUID	$3.65	
GLYTACTIN SWIRL 15 ORAL PACKET	$3.65	
GLYTACTIN SWIRL 15PE ORAL PACKET	$3.65	
HCU EASY ORAL TABLET	$3.65	
HCU EXPRESS 15 PLUS+ ORAL PACKET	$3.65	
HCU EXPRESS 20 PLUS+ ORAL PACKET	$3.65	
HOMACTIN AA PLUS ORAL LIQUID	$3.65	
HOMACTIN AA PLUS ORAL PACKET	$3.65	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Medical Benefit	
INSPIREASE RESERVOIR BAGS	$0	QL (4 EA per 365 days)
INSULIN PEN NEEDLES 31G X 6 MM , 32G X 4 MM	$0	
ISOVACTIN AA PLUS ORAL PACKET	$3.65	
KANGAROO STOMA MEASURING DEV	$0	
KERENDIA ORAL TABLET 10 MG, 20 MG	$3.65	PA; QL (1 EA per 1 day)
ketamine hcl injection solution 100 mg/ml	Medical Benefit	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 50 MG/ML	Medical Benefit	
KETOVIE 4:1 ORAL LIQUID	$3.65	
KETOVIE ORAL LIQUID	$3.65	
KETOVIE PEPTIDE ORAL LIQUID	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	Medical Benefit	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	$3.65	PA
methergine oral tablet 0.2 mg	$3.65	
methylergonovine maleate oral tablet 0.2 mg	$3.65	
MICROCHAMBER DEVICE	$0	QL (4 units per year)
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	$0	
MONOJECT MONODOSE ORAL MED SYR	$0	
MSUD EASY ORAL TABLET	$3.65	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Medical Benefit	PA: Covered under Medical Benefit with PA
NORM-JECT LUER SLIP SYRINGE 1 ML	$0	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	$3.65	PA
OMNIPOD 5 G6 INTRO (GEN 5) KIT	$0	PA; PP; QL (1 EA per 4 calendar years)
OMNIPOD 5 G6 POD (GEN 5)	$0	PA; PP; QL (10 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	$0	PA; PP; QL (1 EA per 4 calendar years)
OMNIPOD CLASSIC PODS (GEN 3)	$0	PA; PP; QL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	$0	PA; QL (1 system per 4 years); PP
OMNIPOD DASH PDM (GEN 4) KIT	$0	PA; QL (1 kit per 4 years); PP
OMNIPOD DASH PODS (GEN 4)	$0	PA; PP; QL (10 EA per 30 days)
OPTICHAMBER DIAMOND	$0	QL (4 units per year)
OPTICHAMBER DIAMOND-LG MASK DEVICE	$0	QL (4 units per year)
OPTICHAMBER DIAMOND-MD MASK	$0	QL (4 units per year)
OPTICHAMBER DIAMOND-SM MASK	$0	QL (4 units per year)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	$3.65	PA
OXBRYTA ORAL TABLET 300 MG, 500 MG	$3.65	PA
OXBRYTA ORAL TABLET SOLUBLE 300 MG	$3.65	PA; QL (3 EA per 1 day)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	$3.65	PA
PALFORZIA ORAL PACKET 300 MG	$3.65	PA
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	$3.65	
PKU EASY ORAL TABLET	$3.65	
PKU EXPRESS 15 PLUS+ ORAL PACKET	$3.65	
PKU EXPRESS 20 PLUS+ ORAL PACKET	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
POCKET SPACER DEVICE	$0	QL (4 units per year)
RESET	$0	
RESET NON-MONETARY CM	$0	
RESET-O	$0	
RESET-O NON-MONETARY CM	$0	
SHARPS CONTAINER	$0	
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	MB/RX	PA
sterile water for injection injection solution	MB/RX	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
SYRINGE AVITENE EXTERNAL	$0	
SYRINGE LUER LOCK 30 ML	$0	
SYRINGE LUER SLIP 1 ML	$0	
SYRINGE PRECISEDOSE DISPENSER	$0	
TAVNEOS ORAL CAPSULE 10 MG	$3.65	PA
THRIVACIN 30 ORAL LIQUID	$3.65	
THRIVACIN DETOX ORAL LIQUID	$3.65	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA: Covered under Medical Benefit with PA
TRUZONE PEAK FLOW METER DEVICE	$3.65	
TYLACTIN BUILD 20PE TYR ORAL PACKET	$3.65	
TYLACTIN RESTORE 10 ORAL LIQUID	$3.65	
TYLACTIN RESTORE 5PE ORAL PACKET	$3.65	
TYLACTIN RTD 15 ORAL LIQUID	$3.65	
TYR EASY ORAL TABLET	$3.65	
TYR EXPRESS 15 PLUS+ ORAL PACKET	$3.65	
TYR EXPRESS 20 PLUS+ ORAL PACKET	$3.65	
V-GO 20 KIT	$0	PA; PP; QL (10 EA per 30 days)
V-GO 30 KIT	$0	PA; PP; QL (10 EA per 30 days)
V-GO 40 KIT	$0	PA; PP; QL (10 EA per 30 days)
VILACTIN AA PLUS ORAL LIQUID	$3.65	
VILACTIN AA PLUS ORAL PACKET	$3.65	
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Medical Benefit	PA: Covered under Medical Benefit with PA
VISTOGARD ORAL PACKET 10 GM	$3.65	
VORTEX VALVED HOLDING CHAMBER DEVICE	$0	QL (4 units per year)
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML	Medical Benefit	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Medical Benefit	PA: Covered under Medical Benefit with PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Medical Benefit	PA: Covered under Medical Benefit with PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	MB/RX	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	$3.65	PA
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 %	$3.65	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	$3.65	PA
ALREX OPHTHALMIC SUSPENSION 0.2 %	$3.65	
AZASITE OPHTHALMIC SOLUTION 1 %	$3.65	
azelastine hcl ophthalmic solution 0.05 %	$3.65	PA
bacitracin ophthalmic ointment 500 unit/gm	$3.65	
bepotastine besilate ophthalmic solution 1.5 %	$3.65	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	$3.65	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	$3.65	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	$3.65	
ciprofloxacin hcl ophthalmic solution 0.3 %	$3.65	
cromolyn sodium ophthalmic solution 4 %	$3.65	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	$3.65	
diclofenac sodium ophthalmic solution 0.1 %	$3.65	
difluprednate ophthalmic emulsion 0.05 %	$3.65	
epinastine hcl ophthalmic solution 0.05 %	$3.65	PA
erythromycin ophthalmic ointment 5 mg/gm	$3.65	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	$3.65	
fluorometholone ophthalmic suspension 0.1 %	$3.65	
flurbiprofen sodium ophthalmic solution 0.03 %	$3.65	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	$3.65	
gatifloxacin ophthalmic solution 0.5 %	$3.65	
gentak ophthalmic ointment 0.3 %	$3.65	
gentamicin sulfate ophthalmic solution 0.3 %	$3.65	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	$3.65	
INVELTYS OPHTHALMIC SUSPENSION 1 %	$3.65	PA
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	$3.65	
KLARITY-A OPHTHALMIC SOLUTION 1 %	$3.65	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	$3.65	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	$3.65	PA
loteprednol etabonate ophthalmic gel 0.5 %	$3.65	
loteprednol etabonate ophthalmic suspension 0.5 %	$3.65	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	$3.65	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	$3.65	
moxifloxacin hcl ophthalmic solution 0.5 %	$3.65	
NATACYN OPHTHALMIC SUSPENSION 5 %	$3.65	PA
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	$3.65	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	$3.65	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	$3.65	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	$3.65	
ofloxacin ophthalmic solution 0.3 %	$3.65	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	$3.65	PA
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	$3.65	
prednisolone acetate ophthalmic suspension 1 %	$3.65	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	$3.65	
prednisolone sodium phosphate ophthalmic solution 1 %	$3.65	
sulfacetamide sodium ophthalmic ointment 10 %	$3.65	
sulfacetamide sodium ophthalmic solution 10 %	$3.65	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	$3.65	
tobramycin ophthalmic solution 0.3 %	$3.65	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	$3.65	
TOBREX OPHTHALMIC OINTMENT 0.3 %	$3.65	
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML	$3.65	
trifluridine ophthalmic solution 1 %	$3.65	
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	$3.65	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	$3.65	PA
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	$3.65	Medication can be filled for up to a 90 day supply
acetazolamide oral tablet 125 mg, 250 mg	$3.65	Medication can be filled for up to a 90 day supply
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	$3.65	PA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
betaxolol hcl ophthalmic solution 0.5 %	$3.65	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	$3.65	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	$3.65	
bimatoprost ophthalmic solution 0.03 %	$3.65	
brimonidine tartrate ophthalmic solution 0.15 %	$3.65	PA
brimonidine tartrate ophthalmic solution 0.2 %	$3.65	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	$3.65	PA
brinzolamide ophthalmic suspension 1 %	$3.65	PA
carteolol hcl ophthalmic solution 1 %	$3.65	
dichlorphenamide oral tablet 50 mg	$3.65	PA
dorzolamide hcl ophthalmic solution 2 %	$3.65	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	$3.65	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	$3.65	
KEVEYIS ORAL TABLET 50 MG	$3.65	PA
latanoprost ophthalmic solution 0.005 %	$3.65	
levobunolol hcl ophthalmic solution 0.5 %	$3.65	
methazolamide oral tablet 25 mg, 50 mg	$3.65	Medication can be filled for up to a 90 day supply
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	$3.65	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	$3.65	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	$3.65	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	$3.65	PA
timolol maleate (once-daily) ophthalmic solution 0.5 %	$3.65	
timolol maleate ocudose ophthalmic solution 0.5 %	$3.65	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	$3.65	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	$3.65	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	$3.65	
travoprost (bak free) ophthalmic solution 0.004 %	$3.65	
VUITY OPHTHALMIC SOLUTION 1.25 %	$3.65	PA; QL (2.5 ML per 18 days)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	$3.65	
atropine sulfate ophthalmic ointment 1 %	$3.65	
atropine sulfate ophthalmic solution 1 %	$3.65	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	$3.65	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML	Medical Benefit	
CEQUA OPHTHALMIC SOLUTION 0.09 %	$3.65	PA
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	$3.65	
cyclosporine ophthalmic emulsion 0.05 %	$3.65	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	$3.65	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	$3.65	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	MB/RX	SPP
homatropaire ophthalmic solution 5 %	$3.65	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	$3.65	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	MB/RX	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	MB/RX	SPP
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	$3.65	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	$3.65	
neo-polycin hc ophthalmic ointment 1 %	$3.65	
neo-polycin ophthalmic ointment 3.5-400-10000	$3.65	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	$3.65	PA
polycin ophthalmic ointment 500-10000 unit/gm	$3.65	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	$3.65	
proparacaine hcl ophthalmic solution 0.5 %	$3.65	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	$3.65	PA
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	$3.65	
tropicamide ophthalmic solution 0.5 %, 1 %	$3.65	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	Medical Benefit	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	MB/RX	SPP
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	$3.65	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	$3.65	
CIPRO HC OTIC SUSPENSION 0.2-1 %	$3.65	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	$3.65	
flac otic oil 0.01 %	$3.65	
fluocinolone acetonide otic oil 0.01 %	$3.65	
hydrocortisone-acetic acid otic solution 1-2 %	$3.65	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	$3.65	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	$3.65	
ofloxacin otic solution 0.3 %	$3.65	
OTIPRIO INTRATYMPANIC SUSPENSION 6 %	Medical Benefit	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ADRENALIN NASAL SOLUTION 0.1 %	$3.65	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	$3.65	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	$3.65	PA
benzonatate oral capsule 100 mg, 150 mg, 200 mg	$3.65	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	$3.65	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	MB/RX	PA
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	$3.65	PA
clemastine fumarate oral tablet 2.68 mg	$3.65	
cyproheptadine hcl oral syrup 2 mg/5ml	$3.65	
cyproheptadine hcl oral tablet 4 mg	$3.65	
desloratadine oral tablet 5 mg	$3.65	PA
diphenhydramine hcl injection solution 50 mg/ml	$3.65	
diphenhydramine hcl oral elixir 12.5 mg/5ml	$3.65	
epinephrine hcl (nasal) nasal solution 0.1 %	$3.65	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	$3.65	SPP; PA; QL (1 ML per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	MB/RX	SPP; PA
flunisolide nasal solution 25 mcg/act (0.025%)	$3.65	PA
fluticasone propionate nasal suspension 50 mcg/act	$3.65	
GILPHEX TR ORAL TABLET 10-388 MG	$3.65	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	$3.65	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	$0	
ipratropium bromide nasal solution 0.03 %, 0.06 %	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	$3.65	PA
levocetirizine dihydrochloride oral tablet 5 mg	$3.65	PA
mometasone furoate nasal suspension 50 mcg/act	$3.65	PA
nebusal inhalation nebulization solution 3 %	$0	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	$0	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	$3.65	SPP; PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$3.65	SPP; PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	$3.65	SPP; PA; QL (1 syringe per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA: Covered under Medical Benefit with PA
OMNARIS NASAL SUSPENSION 50 MCG/ACT	$3.65	PA
promethazine hcl oral solution 6.25 mg/5ml	$3.65	
promethazine hcl oral syrup 6.25 mg/5ml	$3.65	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	$3.65	
promethazine hcl rectal suppository 12.5 mg, 25 mg	$3.65	
promethazine vc oral syrup 6.25-5 mg/5ml	$3.65	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	$3.65	QL (30 ML per 1 day)
promethazine-codeine oral solution 6.25-10 mg/5ml	$3.65	QL (30 ML per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5ml	$3.65	QL (30 ML per 1 day)
promethazine-dm oral syrup 6.25-15 mg/5ml	$3.65	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	$3.65	QL (30 ML per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	$3.65	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	$3.65	
pulmosal inhalation nebulization solution 7 %	$0	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	$3.65	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	$3.65	PA
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	$0	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Medical Benefit	PA: Covered under Medical Benefit with PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$3.65	SPP; PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	$3.65	SPP; PA; QL (4 ML per 28 days)

DRUG NAME	TIER	LIMITATIONS / *NOTES
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	MB/RX	PA; QL (6 EA per 28 days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	$3.65	PA
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation solution 10 %, 20 %	$3.65	
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML	$3.65	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	$3.65	BP
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	$3.65	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	$3.65	PA; QL (1 EA per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	$3.65	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	$3.65	
albuterol sulfate oral syrup 2 mg/5ml	$3.65	
albuterol sulfate oral tablet 2 mg, 4 mg	$3.65	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	$3.65	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	$3.65	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	MB/RX	SPP
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	$3.65	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	$3.65	PA
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	$3.65	PA: PA for 220 mcg strength applies to members younger than 12 years of age.
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	$3.65	PA: PA for 110 mcg strength applies to members 12 years of age and older.
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	$3.65	PA: PA for 220 mcg strength applies to members younger than 12 years of age.

DRUG NAME	TIER	LIMITATIONS / *NOTES
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	$3.65	PA: PA for 220 mcg strength applies to members younger than 12 years of age.
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	$3.65	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	$3.65	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	$3.65	PA; QL (2 EA per 1 fill)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	$3.65	PA; QL (1 inhaler per 30 days); BP
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	$3.65	PA: PA applies to members 13 years of age and older. No PA required for members 12 years of age and under.
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	$3.65	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	$3.65	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	$3.65	BP
elixophyllin oral elixir 80 mg/15ml	$3.65	Medication can be filled for up to a 90 day supply
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	$3.65	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	$3.65	QL (2 EA per 1 fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	$3.65	PA; QL (2 EA per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	$3.65	PA; QL (2 EA per 1 fill)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	$3.65	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	$3.65	BP
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	$3.65	PA; QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	$3.65	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	MB/RX	SPP
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ipratropium bromide inhalation solution 0.02 %	$3.65	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	$3.65	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	$3.65	PA
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	$3.65	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	$3.65	PA; QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	$3.65	PA; QL (2 ML per 1 day)
montelukast sodium oral packet 4 mg	$3.65	ST: Covered for members 6 through 23 months of age; Medication can be filled for up to a 90 day supply
montelukast sodium oral tablet 10 mg	$3.65	Medication can be filled for up to a 90 day supply
montelukast sodium oral tablet chewable 4 mg, 5 mg	$3.65	Medication can be filled for up to a 90 day supply
OFEV ORAL CAPSULE 100 MG, 150 MG	$3.65	SPP; QL (2 EA per 1 day)
pirfenidone oral capsule 267 mg	$3.65	SPP; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	$3.65	SPP; QL (9 EA per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	$3.65	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	$3.65	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB/RX	SPP
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	$3.65	BP
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	$3.65	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	$3.65	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	$3.65	PA
roflumilast oral tablet 250 mcg, 500 mcg	$3.65	PA
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	$3.65	BP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	$3.65	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	$3.65	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	$3.65	BP
terbutaline sulfate oral tablet 2.5 mg, 5 mg	$3.65	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	$3.65	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	$3.65	Medication can be filled for up to a 90 day supply
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	$3.65	Medication can be filled for up to a 90 day supply
theophylline oral elixir 80 mg/15ml	$3.65	Medication can be filled for up to a 90 day supply
theophylline oral solution 80 mg/15ml	$3.65	Medication can be filled for up to a 90 day supply
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	$3.65	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	$3.65	BP
YUPELRI INHALATION SOLUTION 175 MCG/3ML	$3.65	PA; QL (3 ML per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	$3.65	Medication can be filled for up to a 90 day supply
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	MB/RX	SPP
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE 40 MG	$3.65	PA; QL (20 EA per 1 day)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	$3.65	PA; QL (20 EA per 1 day)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	$3.65	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
ORKAMBI ORAL PACKET 75-94 MG	$3.65	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$3.65	SPP; PA; PP; QL (4 EA per 1 day)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	$3.65	SPP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	$3.65	SPP; PA; PP; QL (2 EA per 1 day)
TOBI PODHALER INHALATION CAPSULE 28 MG	$3.65	SPP; PA; QL (8 EA per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	$3.65	SPP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	$3.65	SPP; PA; PP; QL (3 EA per 1 day)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$3.65	PA
alyq oral tablet 20 mg	$3.65	SPP; PA; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	$3.65	SPP; PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	$3.65	SPP; PA; QL (2 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	MB/RX	PA
OPSUMIT ORAL TABLET 10 MG	$3.65	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	$3.65	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	$3.65	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	$3.65	SPP; PA
sildenafil citrate oral tablet 20 mg	$3.65	SPP; PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	$3.65	SPP; PA; QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	$3.65	SPP; PA; QL (4 EA per 1 day)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	$3.65	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	$3.65	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	$3.65	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	$3.65	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$3.65	PA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	$3.65	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	$3.65	PA; QL (9 ML per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
BACLOFEN ORAL SOLUTION 5 MG/5ML	$3.65	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	$3.65	
carisoprodol oral tablet 250 mg, 350 mg	$3.65	PA; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	$3.65	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	$3.65	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	$3.65	
metaxalone oral tablet 800 mg	$3.65	ST
methocarbamol oral tablet 500 mg, 750 mg	$3.65	

DRUG NAME	TIER	LIMITATIONS / *NOTES
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	$3.65	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	$3.65	
tizanidine hcl oral tablet 2 mg, 4 mg	$3.65	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (2 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	$3.65	PA; QL (3 bottles per 30 days.)
modafinil oral tablet 100 mg, 200 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)
ramelteon oral tablet 8 mg	$3.65	PA; QL (1 EA per 1 day)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$3.65	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	$3.65	PA; QL (1 EA per 1 day)
tasimelteon oral capsule 20 mg	$3.65	PA; QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	$3.65	PA: PA applies to members 5 years of age and under.; COBI; PBHMI
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	$3.65	PA; QL (2 EA per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	$3.65	PA
XYWAV ORAL SOLUTION 500 MG/ML	$3.65	PA
zaleplon oral capsule 10 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)

DRUG NAME	TIER	LIMITATIONS / *NOTES
zolpidem tartrate oral tablet 10 mg, 5 mg	$3.65	PA: PA applies to members 5 years of age and under.; PBHMI; QL (1 EA per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	$3.65	PA: Additional PA requirements for members 5 years and under.; PBHMI; QL (1 EA per 1 day)